

CERTIFICATE / REGISTRATION CONFIRMATION LOST, STOLEN OR NEVER RECEIVED

Representative / Independent representative / Firm / Independent partnership

Before completing this form, please read the following carefully:

Use this form to request the reprinting of a lost certificate or registration confirmation.

If you are registered for AMF E-Services, you can access your certificate at any time without having to complete this form.

PART 1 – IDENTIFICATION OF APPLICANT

INFORMATION ABOUT THE REPRESENTATIVE

Client No. (10 digits)					
Mr. <input type="checkbox"/>	First name			Last name	
Ms. <input type="checkbox"/>					
Date of birth	____ / ____ / ____	Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
	year month day				

INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		NEQ (10 digits)	
Name of business			
Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			

MAIN ADDRESS

Civic No.		Street		Apt. / Unit	
Municipality			Province		Postal code
Telephone			Cell phone		
Fax			E-mail		

MAILING ADDRESS

Same as main address

Civic No. / P.O. Box		Street		Apt. / Unit	
Municipality			Province		Postal code

PART 2 – STATEMENT

I declare that I no longer have my certificate / registration confirmation in my possession.

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PART 3 – DECLARATION

SIGNATURE OF REPRESENTATIVE / INDEPENDENT REPRESENTATIVE / RESPONSIBLE OFFICER OR PARTNER

I declare that the information provided in this form is accurate and complete.

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name	Last name	
Signature			Date	____ / ____ / ____ year month day

The AMF **only accepts forms sent by mail**.
Forms sent by e-mail or fax will **not** be accepted.

Send your form to the following address:

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1