

This appendix is mandatory where a candidate or a representative attached to a firm or independent partnership declares an outside activity to the AMF.

It must be completed and signed by a signatory authorized by the AMF.

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE FIRM OR INDEPENDENT PARTNERSHIP

Name of business		Client No. (10 digits)	
Civic No.	Street	Suite / Unit	
Municipality	Province	Postal code	

SECTION 2 – INFORMATION ABOUT THE CANDIDATE OR REPRESENTATIVE

Client No. (10 digits)			
Mr. <input type="checkbox"/>	First name	Last name	
Ms. <input type="checkbox"/>			
Outside activity declared			
Does the activity declared by the candidate or representative require the segregation of clientele? For further details, visit our Activities to be declared (Outside activities) web page.			Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 3 – DECLARATION REGARDING THE INFORMATION PROVIDED

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

I also confirm that I am keeping a record on the outside activities of the representative, if applicable, which includes the documents and information enumerated in the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, D-9.2, r. 2.

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

The AMF only accepts forms sent by **mail** and submitted through **AMF E-Services**.

No form submitted by e-mail or fax will be accepted.

Send your form and supporting documents to the following address:

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