

SCHEDULE – MORTGAGE BROKERAGE DECLARATION (MAINTENANCE OF REGISTRATION)

Firm / Independent Partnership / Independent Representative

SCHEDULE - DECLARATION RELATING TO RESPONSIBLE OFFICERS IN MORTGAGE BROKERAGE

This declaration must be completed, signed and dated for a registrant in the mortgage brokerage sector. The term "responsible officer" used in this form refers to the responsible officer, the responsible partner or the independent representative.

Information about the firm, independent partnership or independent representative (the "registrant")

Client No. (10 digits)	NEQ (10 digits)	

Name

Information about the responsible officer

Mr. Ms.	First name	Last name
Client No. (10 digits)		Date of birth

Information about the responsible officer (if more than one responsible officer during the calendar year)

Mr.	First	Last
Ms.	name	name
Client No. (10 digits)		Date of birth

Declaration

During the last calendar year, the registrant had at all times a responsible officer who:

•	had a valid certificate and right to practise in the mortgage brokerage sector.	Yes	No
•	 had satisfied one of the following conditions: had passed, in the 2 years preceding his or her appointment, the examinations pertaining to the skills that must be possessed by a responsible officer; had acted, in the 2 years preceding his or her appointment, as a responsible officer in a mortgage brokerage firm; was registered, in the 2 years preceding his or her appointment, as an independent representative in mortgage brokerage. 	Yes	No
•	complied with the compulsory professional development requirements applicable to responsible officers.	Yes	No
The registrant keeps the document confirming that the responsible officer passed the examinations pertaining to the skills that must be possessed by a responsible officer in the mortgage brokerage sector.		Yes	No
The registrant keeps copies of the certificates of participation and other supporting documents regarding each professional development activity in which its responsible officer has taken part.		Yes	No

Declaration on information provided (responsible officer or partner / authorized signatory)

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

Mr. Ms.	First name	Last name	
Signature		Date	

Information Centre	
Toll-free: 1-877-525-0337	
Québec City: 418-525-0337	
Montréal: 514-395-0337	W