

This document is reserved for firms or independent partnerships where the roles of officer, responsible officer or partner, correspondent, correspondent's assistant and authorized signatory are held by separate persons. It enables them to comply with the requirement set out in subparagraph 14 of section 2 of the *Regulation respecting the registration of firms, representatives and independent partnerships*, c. D-9.2, r.15.

PART 1 – APPOINTMENT

Please read the following carefully and complete the required fields based on the new business relationships declared in this application form.

We hereby confirm that:

(Name of firm or partnership)

has appointed the following persons to act in dealings with the Autorité des marchés financiers:

1.	(Name of the appointed person)	as responsible officer or partner;
2.	(Name of the appointed person)	as correspondent;
3.	(Name of the appointed person)	as correspondent's assistant (if applicable);
4.	(Name of the appointed person)	as correspondent's assistant (if applicable);
5.	(Name of the appointed person)	as authorized signatory;
6.	(Name of the appointed person)	as authorized signatory.

We accordingly attest that

(name of responsible officer or partner)

1.	has the functional authority specific to his or her position to fulfill his or her mandate within the registrant;
2.	has the necessary competence in compliance or works closely with a competent compliance department to oversee the activities of representatives and ensure that they act in accordance with the <i>Act respecting the distribution of financial products and services</i> and its regulations;
3.	has the ability to run the registrant's operations in Québec.

PART 2 – SIGNATURES OF DIRECTORS OR PARTNERS

DIRECTOR OR PARTNER

Mr. Ms.	First name		Last name	
Signature		Date		

DIRECTOR OR PARTNER

Mr. Ms.	First name		Last name	
Signature		Date		

DIRECTOR OR PARTNER

Mr. Ms.	First name		Last name	
Signature		Date		

DIRECTOR OR PARTNER

Mr. Ms.	First name		Last name	
Signature		Date		

DIRECTOR OR PARTNER

Mr. Ms.	First name		Last name	
Signature		Date		

DIRECTOR OR PARTNER

Mr. Ms.	First name		Last name	
Signature		Date		

DIRECTOR OR PARTNER

Mr. Ms.	First name		Last name	
Signature		Date		