



## SECTION 3 – QUALIFICATION IN DAMAGE INSURANCE

You must complete this section only if you want to register in the damage insurance sector.

### 3.1 – CONDITIONS RELATED TO PRODUCTS OFFERED (PERSONAL-LINES AUTOMOBILE)

Will you offer **personal-lines automobile** insurance products directly to the public?  Yes  No

- *If so, please provide information about all the insurers from whom you are able to obtain a personal-lines automobile insurance quote. Refer to the register of insurers as needed.*

Name of insurer	Client No. (10 digits)	Financial group

#### INFORMATION TO BE PUBLISHED IN THE REGISTER

##### Percentage of premiums paid to any one insurer

Do you pay to any one insurer more than 60% of the premiums stipulated in the contracts entered into for **personal-lines automobile** insurance products?

Yes  No

- *If so, please indicate the name of the insurer:*

\_\_\_\_\_

In accordance with section 38 of the *Act respecting financial products and services*, you must disclose at least three insurers who do not belong to the same financial group.

## 3.2 – CONDITIONS RELATED TO PRODUCTS OFFERED (PERSONAL-LINES HOME)

Will you offer **personal-lines home** insurance products directly to the public?

Yes  No

- *If so, please provide the following information for all the insurers from which you are able to obtain quotes for a personal-lines home insurance product. Refer to the register of insurers as needed.*

Name of insurer	Client No. (10 digits)	Financial group

### INFORMATION TO BE PUBLISHED IN THE REGISTER

#### Percentage of premiums paid to any one insurer

Do you pay to any one insurer more than 60% of the premiums stipulated in the contracts entered into for **personal-lines home** insurance products?

Yes  No

- *If so, please indicate the name of the insurer:*

\_\_\_\_\_

In accordance with section 38 of the *Act respecting financial products and services*, you must disclose at least three insurers who do not belong to the same financial group.

## SECTION 4 – MANDATORY DECLARATION

Use this section to file a declaration for different situations. Please answer all of the questions below.

### GENERAL DECLARATION

1. Have you ever had a certificate issued by the *Conseil des assurances de personnes*, the *Conseil des assurances de dommages* or the Inspector General of Financial Institutions pursuant to the *Act respecting market intermediaries* (RSQ, c. I-15.1), or by the *Association des courtiers et agents immobiliers du Québec* that has been cancelled or suspended, or had a registration cancelled or suspended by the *Commission des valeurs mobilières du Québec*?  Yes  No
2. Has your certificate ever been cancelled or suspended by the AMF for one or more sectors or sector classes?  Yes  No
3. Has your registration ever been cancelled or suspended by the AMF for one or more sectors?  Yes  No
4. Are you the holder of a certificate issued by the AMF or a registration with the AMF which has rights that are subject to conditions or restrictions?  Yes  No
5. Are you in default of paying any outstanding fines, costs and interests imposed on you by the discipline committee of the *Chambre de l'assurance de dommages* or the *Chambre de la sécurité financière* or the Court of Québec sitting in appeal of a decision of such committees, as well as any accrued interest at the rate established in accordance with section 28 of the *Tax Administration Act* (CQLR, c. A-6.002)?  Yes  No
6. Are you in default of paying any fine pertaining to the commission of an offence pursuant to the *Act respecting the distribution of financial products and services* (CQLR, c. D-9.2), the *Act respecting market intermediaries*, the *Securities Act* (CQLR, c. V-1.1) or the *Real Estate Brokerage Act* (CQLR, c. C-73.2)?  Yes  No

### DECLARATION RELATED TO PROFESSIONAL PRACTICE

1. Do you use a business name for your registration?  Yes  No
2. Do you intend to receive or collect funds on behalf of others (e.g., for an insurer or a client)?  Yes  No
  - *If so, you must hold these funds in a separate account or in trust.*

3. Do you have one or more separate or in-trust accounts?  Yes  No
- *If so, please complete the **Opening of a Separate Account** schedule for each of your separate or in-trust accounts.*
- For each account, please indicate:
- Type of account:
    - savings
    - chequing
    - other: \_\_\_\_\_
  - Account No.: \_\_\_\_\_
  - Name of financial institution: \_\_\_\_\_
- *If not, please complete the **Absence of Separate Account** schedule.*
4. Do you hold one or more loans with one or more insurers or mortgage lenders?  Yes  No
- *If so, in the **Business Relationships** schedule, please check “loan agreement” in an “Insurer” or “Mortgage lender” business relationship field for each of these insurers or mortgage lenders.*
5. Do you hold one or more loans with one or more registrants?<sup>1</sup>  Yes  No
- *If so, in the **Business Relationships** schedule, please check “loan agreement” in an “Other registrant” business relationship field for each of these registrants.*
6. Do you have commission sharing agreements with one or more businesses registered<sup>2</sup> with the AMF?  Yes  No
- *If so, in the **Business Relationships** schedule, please check “Commission sharing agreement” in an “Other registrant” business relationship field for each of these registrants.*

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<sup>1</sup> A registrant within the meaning of the *Act respecting the distribution of financial products and services* is a firm, independent partnership or independent representative.

<sup>2</sup> A registered business is any business registered under the *Act respecting the distribution of financial products and services* or the *Securities Act* (as a mutual fund or scholarship plan dealer).

7. Do you share commissions with a broker or agency governed by the *Real Estate Brokerage Act*, CQLR, c. C-73.1?  Yes  No  
 ➤ *If so, in the **Business Relationships** schedule form please check “Commission sharing agreement” in the “Holder of an OACIQ real estate licence” business relationship field for each of these natural or legal persons.*
8. Do you share commissions with one of more businesses other than those mentioned in questions 6 and 7?  Yes  No
9. Do you have agreements with client referral agents?<sup>3</sup>  Yes  No
10. Do you have agreements with one or more insurers or mortgage lenders for server and/or Internet site hosting, administration services, equipment supply, premises leasing or staff loans?  Yes  No  
 ➤ *If so, in the **Business Relationships** schedule, please check these agreements in an “Insurer” or “Mortgage lender” business relationship field for each of these insurers or mortgage lenders.*
11. Do you have agreements with one or more registrants for server and/or Internet site hosting, administration services, equipment supply, premises leasing or staff loans?  Yes  No  
 ➤ *If so, in the **Business Relationships** schedule, please check these agreements in an “Other registrant” business relationship field for each of these registrants.*
12. Do you have a business contingency plan?  Yes  No
13. Do you intend to deal with the following businesses?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| – Automobile dealers                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Aggregators (premium comparison websites) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Call centres / telemarketing              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| – Real estate agencies or brokers           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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<sup>3</sup> A client referral is defined as the act of referring a client to a representative who holds a certificate or a person registered under the *Act respecting the distribution of financial products and services*. See Notice on client referrals under the *Act respecting the distribution of financial products and services*; available in French only (*Avis relatif à l’indication de clients en application de la Loi sur la distribution de produits et services financiers*).

**DECLARATION PERTAINING TO DAMAGE INSURANCE (if applicable)**

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1. Do you intend to use the services of wholesalers?<sup>4</sup>  Yes  No
- If so, in the **Business Relationships** schedule, please disclose a “Wholesaler” business relationship for each one.

**DECLARATION PERTAINING TO INSURANCE OF PERSONS (if applicable)**

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1. Do you have direct distribution agreements with insurers?  Yes  No
- If so, in the **Business Relationships** schedule, please check “Distribution agreement” in an “Insurer” business relationship field for each one.
2. Do you have distribution agreements with general agents?<sup>5</sup>  Yes  No
- If so, in the **Business Relationships** schedule, please disclose a “General agent” business relationship for each one.
3. Do you have distribution agreements with other registrants?  Yes  No
- If so, in the **Business Relationships** schedule, please check “Distribution agreement” in an “Other registrant” business relationship field for each one.

**DECLARATION PERTAINING TO GROUP INSURANCE OF PERSONS (if applicable)**

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1. Do you have direct distribution agreements with insurers?  Yes  No
- If so, in the **Business Relationships** schedule, please check “Distribution agreement” in an “Insurer” business relationship field for each one.
2. Do you have distribution agreements with general agents<sup>6</sup>?  Yes  No
- If so, in the **Business Relationships** schedule, please disclose a “General agent” business relationship for each one.

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<sup>4</sup> Damage insurance wholesalers are businesses that pursue brokerage and underwriting activities concurrently or separately. See Notice relating to damage insurance wholesalers and their employees; available in French only (*Avis relatif aux grossistes en assurance de dommages et à leurs employés*).

<sup>5</sup> *General agent* means a registrant to which an insurer has delegated certain tasks and which acts as an intermediary between that insurer and other registrants. This includes general agents, affiliated general agents and any other industry title that meets the above definition.

<sup>6</sup> *General agent* means a registrant to which an insurer has delegated certain tasks and which acts as an intermediary between that insurer and other registrants. This includes general agents, affiliated general agents and any other industry title that meets the above definition.

3. Do you have distribution agreements with other registrants?  Yes  No
- If so, in the **Business Relationships** schedule, please check “Distribution agreement” in an “Other registrant” business relationship field for each one.

### DÉCLARATION PERTAINANT TO MORTGAGE BROKERAGE (if applicable)

1. Are you a member of a banner?  Yes  No
- If so, which one? \_\_\_\_\_

### SECTION 5 – CERTIFICATION

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

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

## Important

*Missing supporting documents will delay processing of your application.*

<b>SECTION 6 – REQUIRED SUPPORTING DOCUMENTS</b>	
	<b>SUPPORTING DOCUMENTS</b>
<b>Professional liability insurance</b> (1 document required)	<input type="checkbox"/> Professional liability insurance endorsement <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Professional liability insurance contract
<b>Declaration pertaining to professional liability insurance</b> (1 document required)  <i>* If the deductible exceeds the amount prescribed by regulation.</i>	<input type="checkbox"/> Statement of deductible exceeding the regulatory limit
<b>Account schedule</b> (1 document required)	<input type="checkbox"/> Schedule - Opening of Separate Account <input type="checkbox"/> Schedule - Absence of Separate Account
<b>Registre des entreprises du Québec (Québec enterprise register)</b> (1 document required)  <i>* if applicable</i>	<input type="checkbox"/> Declaration of registration and any amending declarations
<b>Business relationships</b> (1 document required)  <i>* if applicable</i>	<input type="checkbox"/> Schedule – Business Relationships
<b>Declaration related to responsible officers in mortgage brokerage firms</b> (1 document required)	<input type="checkbox"/> Schedule – related to responsible officers in mortgage brokerage firms

## SCHEDULE – DECLARATION PERTAINING TO THE ABSENCE OF A SEPARATE ACCOUNT

### Important

*The Autorité des marchés financiers (the “AMF”) is authorized to require and obtain at all times, from your institution, any information, explanation or copy of a document which is necessary or useful for purposes of verifications in respect of such account.*

#### Declaration made to:

##### **Autorité des marchés financiers**

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

**For the application of the *Act respecting the distribution of financial products and services, CQLR, c. D-9.2 (the “Act”)* and the regulations enacted thereunder.**

**I, the undersigned, as officer of the firm / partner of the independent partnership / an independent representative having its/my principal establishment at:**

INFORMATION ABOUT THE OFFICER / PARTNER / INDEPENDENT REPRESENTATIVE					
Client No. (10 digits)			NEQ (10 digits)		
Mr. <input type="checkbox"/>	First name		Last name		
Ms. <input type="checkbox"/>					
Signature			Date	____ / ____ / ____ year month day	
MAIN ADDRESS					
Civic No.		Street			Apt./ Unit
Municipality			Province		Postal code
Telephone			E-mail		

#### Declare the following:

- The firm / independent partnership does not / I do not intend to receive or collect any amounts on behalf of others in the pursuit of its/my activities governed by the Act and the regulations enacted thereunder.
- If, following this declaration, the firm or independent partnership receives or collects / I receive or collect amounts on behalf of others in the pursuit of its/my activities, it undertakes / I undertake to comply with the provisions of the Act and the regulations enacted thereunder respecting the establishment and maintenance of a separate account.

#### Information Centre

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

## SWORN STATEMENT

In witness whereof, I (officer/partner/independent representative) have signed:

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

Declared under oath before me (Commissioner for Oaths):

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Judicial district			Commission No.	
Signed in			Date	____ / ____ / ____ year / month / day
Signature				

## SCHEDULE – DECLARATION PERTAINING TO THE OPENING OF A SEPARATE ACCOUNT

### Important

*The Autorité des marchés financiers (the “AMF”) is authorized to require and obtain at all times, from your institution, any information, explanation or copy of a document which is necessary or useful for purposes of verifications in respect of such account.*

**For the application of the Act respecting the distribution of financial products and services, CQLR, c. D-9.2 (the “Act”) and the regulations enacted thereunder.**

- If you are a firm / independent partnership / independent representative you must make your declaration to the following financial institution:

INFORMATION ABOUT THE FINANCIAL INSTITUTION							
Name of financial institution							
Civic No.		Street				Apt./ Unit	
Municipality				Province		Postal code	
Telephone			Ext.		Fax		

**And send a copy to:**

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

- If you are a financial institution, your declaration need only be made to the AMF at the above address.

**Joint declaration**

**I, the undersigned, as officer of the firm / partner of the independent partnership / independent representative having its/my principal establishment at:**

INFORMATION ABOUT THE BUSINESS AND THE OFFICER / PARTNER / INDEPENDENT REPRESENTATIVE					
Client No. (10 digits)				NEQ (10 digits)	
Name of business					
Mr. <input type="checkbox"/>	First name			Last name	
Ms. <input type="checkbox"/>					
Signature				Date	____ / ____ / ____ year / month / day

MAIN ADDRESS					
Civic No.		Street		Apt./ Unit	
Municipality			Province		Postal code
Telephone			E-mail		

INFORMATION ABOUT THE SEPARATE ACCOUNT	
No. of separate account held at the financial institution	

**Declare the following:**

- The separate account is open at the financial institution whose information appears above.
- This account is composed of amounts which are received or collected on behalf of others by the firm / independent partnership / me in the pursuit of its/my activities governed by the Act and the regulations enacted thereunder.
- This account is governed by the Act and the regulations enacted thereunder.
- In accordance with the financial institution's records, the persons whose names and signatures appear hereinafter are authorized to sign on behalf of the firm / independent partnership / on my behalf any document pertaining to the day-to-day operations of such account:

INFORMATION ABOUT AUTHORIZED SIGNATORIES					
AUTHORIZED SIGNATORY NO. 1					
Mr. <input type="checkbox"/>	First name		Last name		
Ms. <input type="checkbox"/>					
Signature				Date	____ / ____ / ____ year month day
AUTHORIZED SIGNATORY NO. 2					
Mr. <input type="checkbox"/>	First name		Last name		
Ms. <input type="checkbox"/>					
Signature				Date	____ / ____ / ____ year month day

## SWORN STATEMENT

In witness whereof, I (officer/partner/independent representative) have signed:

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

Declared under oath before me (Commissioner for Oaths):

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Judicial district			Commission No.	
Signed in			Date	____ / ____ / ____ year month day
Signature				

## SCHEDULE – BUSINESS RELATIONSHIPS

Disclose all insurers with which you have an agreement. If necessary, add a copy of this page.

INSURER No. 1 (if applicable)					
Name of insurer					
Client No. (10 digits)			NEQ (10 digits)		
MAIN ADDRESS OF INSURER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS INSURER					
<input type="checkbox"/> Service agreement <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan			<input type="checkbox"/> Distribution agreement <input type="checkbox"/> Loan agreement <input type="checkbox"/> Other agreement: _____		
SECTOR(S) COVERED BY THESE AGREEMENTS					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Damage insurance		<input type="checkbox"/> Financial planning	
<input type="checkbox"/> Group insurance of persons		<input type="checkbox"/> Claims adjustment			

INSURER No. 2 (if applicable)					
Name of insurer					
Client No. (10 digits)			NEQ (10 digits)		
MAIN ADDRESS OF INSURER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS INSURER					
<input type="checkbox"/> Service delivery agreement <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan			<input type="checkbox"/> Distribution agreement <input type="checkbox"/> Loan agreement <input type="checkbox"/> Other agreement: _____		
SECTOR(S) COVERED BY THESE AGREEMENTS					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Damage insurance		<input type="checkbox"/> Financial planning	
<input type="checkbox"/> Group insurance of persons		<input type="checkbox"/> Claims adjustment			

Disclose all other registrants with which you have an agreement. If necessary, add a copy of this page.

OTHER REGISTRANT No. 1 (if applicable)					
Name of registrant					
Client No. (10 digits)				NEQ (10 digits)	
MAIN ADDRESS OF OTHER REGISTRANT					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS OTHER REGISTRANT					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		
SECTOR(S) COVERED BY THESE AGREEMENTS					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Damage insurance		<input type="checkbox"/> Financial planning	
<input type="checkbox"/> Group insurance of persons		<input type="checkbox"/> Claims adjustment		<input type="checkbox"/> Mortgage brokerage	

OTHER REGISTRANT No. 2 (if applicable)					
Name of registrant					
Client No. (10 digits)				NEQ (10 digits)	
MAIN ADDRESS OF OTHER REGISTRANT					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS OTHER REGISTRANT					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		
SECTOR(S) COVERED BY THESE AGREEMENTS					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Damage insurance		<input type="checkbox"/> Financial planning	
<input type="checkbox"/> Group insurance of persons		<input type="checkbox"/> Claims adjustment		<input type="checkbox"/> Mortgage brokerage	

Disclose all general agents with which you have an agreement (if you are applying for registration in insurance of persons or group insurance of persons only). If necessary, add a copy of this page.

GENERAL AGENT No. 1 (if applicable)					
Name of general agent					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS OF GENERAL AGENT					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone		E-mail			
SECTOR(S) COVERED BY THIS AGREEMENT					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Group insurance of persons			

GENERAL AGENT No. 2 (if applicable)					
Name of general agent					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS OF GENERAL AGENT					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone		E-mail			
SECTOR(S) COVERED BY THIS AGREEMENT					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Group insurance of persons			

GENERAL AGENT No. 3 (if applicable)					
Name of general agent					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS OF GENERAL AGENT					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone		E-mail			
SECTOR(S) COVERED BY THIS AGREEMENT					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Group insurance of persons			

Disclose all wholesalers whose services you intend to use (if you are applying for registration in damage insurance only). If necessary, add a copy of this page.

WHOLESALER No. 1 (if applicable)					
Name of wholesaler					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS OF WHOLESALER					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone		E-mail			

WHOLESALER No. 2 (if applicable)					
Name of wholesaler					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS OF WHOLESALER					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone		E-mail			

WHOLESALER No. 3 (if applicable)					
Name of wholesaler					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS OF WHOLESALER					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone		E-mail			

Disclose all mortgage lender (legal person) with which you have an agreement. If necessary, add a copy of this page.

MORTGAGE LENDER (LEGAL PERSON) No. 1 (if applicable)					
Name of lender					
NEQ (10 digits)					
MAIN ADDRESS OF MORTGAGE LENDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS LENDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

MORTGAGE LENDER (LEGAL PERSON) No. 2 (if applicable)					
Name of lender					
NEQ (10 digits)					
MAIN ADDRESS OF MORTGAGE LENDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS LENDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

Disclose all mortgage lender (natural person) with which you have an agreement. If necessary, add a copy of this page.

MORTGAGE LENDER (NATURAL PERSON) No. 1 (if applicable)					
Name of lender					
MAIN ADDRESS OF MORTGAGE LENDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS LENDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

MORTGAGE LENDER (NATURAL PERSON) No. 2 (if applicable)					
Name of lender					
MAIN ADDRESS OF MORTGAGE LENDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS LENDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

Disclose all real estate agency with which you have an agreement. If necessary, add a copy of this page.

OACIQ REAL ESTATE LICENCE HOLDER (LEGAL PERSON) No. 1 (if applicable)					
Name of real estate agency					
OACIQ licence No.			NEQ (10 digits)		
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

OACIQ REAL ESTATE LICENCE HOLDER (LEGAL PERSON) No. 2 (if applicable)					
Name of real estate agency					
OACIQ licence No.			NEQ (10 digits)		
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

Disclose all real estate broker with which you have an agreement. If necessary, add a copy of this page.

OACIQ REAL ESTATE LICENCE HOLDER (NATURAL PERSON) No. 1 (if applicable)					
Name of real estate broker					
OACIQ licence No.					
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

OACIQ REAL ESTATE LICENCE HOLDER (NATURAL PERSON) No. 2 (if applicable)					
Name of real estate broker					
OACIQ licence No.					
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		

Disclose all other business with which you have an agreement in connection with your mortgage brokerage activities. If necessary, add a copy of this page.

MORTGAGE BROKERAGE – OTHER BUSINESS, IN PARTICULAR CONSTRUCTION CONTRACTOR (if applicable)					
Name of business					
NEQ (10 digits)					
MAIN ADDRESS OF OTHER BUSINESS					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
INDUSTRY SECTOR OF THE OTHER BUSINESS					
Please specify the industry sector of the business with which your firm has a relationship in connection with its mortgage brokerage activities governed by the <i>Act respecting the distribution of financial products and services</i> (e.g., construction, data storage). _____  _____					
TYPES OF AGREEMENTS WITH THIS OTHER BUSINESS					
<input type="checkbox"/> Service delivery agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Internet site/server hosting</li> <li><input type="checkbox"/> Administration</li> <li><input type="checkbox"/> Equipment supply</li> <li><input type="checkbox"/> Premises leasing</li> <li><input type="checkbox"/> Staff loan</li> </ul>			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <li><input type="checkbox"/> Loan agreement</li> <li><input type="checkbox"/> Commission sharing agreement</li> <li><input type="checkbox"/> Franchise agreement</li> <li><input type="checkbox"/> Client referral</li> <li><input type="checkbox"/> Other agreement: _____</li> </ul>		



The AMF accepts forms sent by **regular mail** only.

Forms sent by e-mail or fax will **not** be accepted.

Please 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