

Before completing this form, please read the following carefully:

Use this form to register as an independent representative.

If you wish to register in the claims adjustment sector, you must have been in the employ of a firm or independent partnership in the sector of claims adjustment at least 5 of the 7 years preceding your application to register.

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your application.

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c. A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access | AMF \(lautorite.gc.ca\)](http://www.lautorite.gc.ca).

SECTION 1 – IDENTIFICATION
INFORMATION ABOUT REPRESENTATIVE

Client No. (10 digits)					
Mr. <input type="checkbox"/>	First name			Last name	
Ms. <input type="checkbox"/>					
Other names used in Québec				NEQ	
Date of birth ____ / ____ / ____ year month day	Language of correspondence: French <input type="checkbox"/>		English <input type="checkbox"/>		
MAIN BUSINESS ADDRESS IN QUÉBEC					
Civic No.		Street			Apt./ Unit
Municipality			Province		Postal code
Telephone		Ext.		Fax	
E-mail					
MAILING ADDRESS		Same as main address <input type="checkbox"/>			
Civic No. / P.O. Box		Street			Apt./ Unit
Municipality			Province		Postal code

SECTION 2 – CHOICE OF SECTORS

<input type="checkbox"/> Insurance of persons	<input type="checkbox"/> Group insurance of persons
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Financial planning
<input type="checkbox"/> Claims adjustment	<input type="checkbox"/> Mortgage brokerage

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 – DECLARATIONS

DECLARATION PERTAINING TO PROFESSIONAL LIABILITY INSURANCE

1. Are you covered by professional liability insurance that is consistent with the requirements set out in section 29 of the Regulation respecting firms, independent representatives and independent partnerships, CQLR, c. D-9.2, r. 2? Yes No

You must have professional liability insurance in effect that is consistent with regulatory requirements in order to be authorized to pursue activities. For more details, visit our web page [Professional liability insurance](#).

2. Please provide the following information for each policy you hold:

A copy of the insurance policy and the completed Professional Liability Insurance Policy Self-Assessment Grid will be requested at a later step in the application.

Insurer (Name or client No.)	Policy No.	Policy certificate No.

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), a registration cancelled or suspended by the *Commission des valeurs mobilières du Québec*, a certificate issued by the *Association des courtiers et agents immobiliers du Québec* that has been cancelled or suspended, or a licence revoked or suspended by the *Organisme d'autoréglementation du courtage immobilier 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?¹ 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 registered² 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.*
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?³ 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.*

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

² 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).

³ 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*).

12. Do you have a business contingency plan? Yes No
13. Do you intend to deal with the following businesses?
- Automobile dealers Yes No
 - Aggregators (premium comparison websites) Yes No
 - Call centres / telemarketing Yes No
 - Real estate agencies or brokers Yes No

DECLARATION PERTAINING TO DAMAGE INSURANCE (if applicable)

1. Do you intend to use the services of wholesalers?⁴ 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)

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?⁵ 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)

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.

⁴ 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*).

⁵ *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.

2. Do you have distribution agreements with general agents⁶? 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 MORTGAGE BROKERAGE (if applicable)

1. Are you a member of a banner? Yes No
➤ If so, which one? _____
2. Have you entered into an agreement or agreements with one or more mortgage lenders allowing you to propose loans from the lender/lenders? Yes No
➤ If so, in the **Business Relationships** schedule, please disclose a “Distribution agreement” in a “Mortgage lender” business relationship field for each of these natural or legal persons.
3. Do you have agreements with any businesses (that are not mortgage lenders or not registered with the AMF), including service, distribution, loan, commission sharing, client referral or franchise agreements? Yes No
➤ If so, in the **Business Relationships** schedule, please disclose the appropriate type of agreement in an “Other business” business relationship field for each of these businesses.

⁶ *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.

SECTION 5 – REQUIRED SUPPORTING DOCUMENTS

Missing supporting documents will delay processing of your application.

SUPPORTING DOCUMENTS	
Professional liability insurance	<input type="checkbox"/> Professional liability insurance, including all endorsements <input type="checkbox"/> Professional liability insurance policy self-assessment grid
Declaration pertaining to professional liability insurance <i>* If the deductible exceeds the amount prescribed by regulation.</i>	<input type="checkbox"/> <i>Statement of deductible exceeding the regulatory limit</i>
Account schedule (1 document required)	<input type="checkbox"/> <i>Schedule - Opening of Separate Account</i> <input type="checkbox"/> <i>Schedule - Absence of Separate Account</i>
Registre des entreprises du Québec (Québec enterprise register) <i>* If applicable</i>	<input type="checkbox"/> Declaration of registration and any amending declarations
Business relationships <i>* If applicable</i>	<input type="checkbox"/> <i>Schedule – Business Relationships</i>
Mortgage brokerage <i>* If you wish to register in the mortgage brokerage sector.</i>	<input type="checkbox"/> <i>Schedule – Declaration relating to responsible officers in mortgage brokerage</i>

SECTION 6 – DECLARATION ON INFORMATION PROVIDED

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	____ / ____ / ____ year month day

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"/> Ms. <input type="checkbox"/>	First name			Last name	
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.

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <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		<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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <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		<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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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"> <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 <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

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.

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