

Use this form to apply for registration for a legal person (firm or independent partnership).

You are applying for:

- A firm
 An independent partnership

SECTION 1 – IDENTIFICATION
INFORMATION ABOUT THE FIRM OR INDEPENDENT PARTNERSHIP

| | | | |
|--|----------|--|--|
| Name of business | | NEQ (10 digits) | |
| Other names used in Québec, if applicable | | | |
| Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/> | | | |
| ADDRESS OF HEAD OFFICE | | | |
| Civic No. / P.O. Box | Street | Suite/Unit | |
| Municipality | Province | Postal code | |
| Telephone | E-mail | | |
| ADDRESS OF PRINCIPAL ESTABLISHMENT IN QUÉBEC | | Same as head office address <input type="checkbox"/> | |
| Civic No. / P.O. Box | Street | Suite/Unit | |
| Municipality | Province | Postal code | |
| Telephone | E-mail | | |
| MAILING ADDRESS | | Same as head office <input type="checkbox"/> Same as principal establishment <input type="checkbox"/> | |
| Civic No. / P.O. Box | Street | Suite/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 (Agent) <i>(Please go to Section 3)</i> | <input type="checkbox"/> Damage insurance (Broker) <i>(Please go to Section 4)</i> |
| <input type="checkbox"/> Claims adjustment | <input type="checkbox"/> Financial planning |
| <input type="checkbox"/> Mortgage brokerage | |

SECTION 3 – INFORMATION ABOUT A DAMAGE INSURANCE AGENCY

This section must be completed only if the firm wants to register as a damage insurance agency.

An independent partnership may not be registered as a damage insurance agency.

A firm must have an exclusive contract with an insurer in order to act as a damage insurance agency. A firm that is an insurer must write its name, as an insurer, in the table below to indicate that it distributes its own products exclusively.

Please provide information about your exclusive contract. Refer to the register of insurers as needed.

INFORMATION TO BE PUBLISHED IN THE REGISTER

IDENTIFICATION OF INSURER

| | |
|-------------------------------------|--|
| Name of insurer | |
| Insurer's client No. (10 digits) | |

TICK ALL PRODUCTS COVERED BY THE EXCLUSIVE CONTRACT

| Personal-lines | Commercial-lines |
|---|---|
| <input type="checkbox"/> Automobile insurance | <input type="checkbox"/> Automobile insurance |
| <input type="checkbox"/> Aircraft insurance | <input type="checkbox"/> Aircraft insurance |
| <input type="checkbox"/> Property insurance (home) | <input type="checkbox"/> Property insurance |
| <input type="checkbox"/> Property insurance (other than home) | |
| | <input type="checkbox"/> Boiler and machinery insurance |
| <input type="checkbox"/> Credit insurance | <input type="checkbox"/> Credit insurance |
| <input type="checkbox"/> Credit protection insurance | |
| <input type="checkbox"/> Mortgage insurance | <input type="checkbox"/> Mortgage insurance |
| | <input type="checkbox"/> Insurance against embezzlement |
| <input type="checkbox"/> Legal expense insurance | <input type="checkbox"/> Legal expense insurance |
| | <input type="checkbox"/> Hail insurance |
| <input type="checkbox"/> Fire insurance | <input type="checkbox"/> Fire insurance |
| <input type="checkbox"/> Liability insurance | <input type="checkbox"/> Liability insurance |
| <input type="checkbox"/> Title insurance | <input type="checkbox"/> Title insurance |

SECTION 4 – INFORMATION ABOUT A DAMAGE INSURANCE BROKERAGE FIRM

This section must be completed only if the firm or independent partnership wants to register as a damage insurance brokerage firm.

4.1 – CONDITIONS RELATED TO THE FIRM'S CAPITAL

This section must be completed by firms only.

1. Does a financial institution, a financial group or a legal person related thereto hold an interest allowing it to exercise more than 20% of the voting rights attached to the shares issued by the firm? Yes No

2. Does a financial institution, a financial group or a legal person related thereto hold an interest representing more than 50% of the value of the firm's equity capital? Yes No
 - *For the purposes of this question, a firm's equity capital does not include shares that do not carry the right to vote or the right to receive a share of the firm's remaining property on liquidation (generally designated as "preferred" shares), in accordance with section 150 of the Act respecting financial products and services.*

If you answered YES to either of the above two questions, you do not satisfy the conditions to be registered as a damage insurance brokerage firm. To find out what options are available to you, please consult our website under **Professionals/Firms and representatives** or call us at 1-877-525-0337.

INFORMATION TO BE PUBLISHED IN THE REGISTER

Interest in shares issued by the firm

- | | |
|---|--|
| <p>Does a financial institution, a financial group or a legal person related thereto hold an interest in shares issued by the firm representing more than 20% of the value of the firm's equity capital?</p> <ul style="list-style-type: none"> ➤ <i>For the purposes of this question, a firm's equity capital does not include shares that do not carry the right to vote or the right to receive a share of the firm's remaining property on liquidation (generally designated as "preferred" shares), in accordance with section 150 of the Act respecting financial products and services.</i> ➤ <i>If so, please provide the following information.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Name of the financial institution, the financial group or the legal person related thereto

| |
|--|
| |
| |
| |
| |

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

This section must be completed by firms and independent partnerships.

Will the firm (or independent partnership) 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 the firm or independent partnership is 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

Does the firm or independent partnership 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 5 – MANDATORY DECLARATION

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

GENERAL DECLARATION

1. Has the firm (or independent partnership) ever been convicted by final judgment of a Canadian or foreign court (including a disciplinary committee) of an offence or a criminal act? Yes No
2. Has the firm (or independent partnership) been placed under a liquidation order or a dissolution order? Yes No
3. Has the firm (or independent partnership) adopted a resolution or been the object of any measure aimed at its liquidation or dissolution? Yes No
4. Has the firm (or independent partnership) made an assignment of its property in favour of its creditors? Yes No
5. Has the firm (or independent partnership) been petitioned into bankruptcy or placed under a receiving order pursuant to the *Bankruptcy and Insolvency Act* (RSC 1985, c. B-3), or has it ever availed itself of any legislative provisions pertaining to insolvency? Yes No
6. Has the firm (or independent partnership) ever had a certificate issued by the Conseil des assurances de dommages, the Conseil des assurances de personnes or the Inspector General of Financial Institutions pursuant to the Act respecting market intermediaries (chapter I-15.1) that has been cancelled or suspended, 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
7. Has the firm (or independent partnership) ever had its registration in one or more sectors cancelled or suspended by the AMF? Yes No
8. Has the firm (or independent partnership) ever had its registration as a securities dealer or adviser cancelled or suspended by the AMF? Yes No
9. Has the firm (or independent partnership) ever had conditions or restrictions attached to its registration with the AMF in one or more sectors or to its registration with the AMF as a securities dealer or adviser? Yes No
10. Is the firm (or independent partnership) 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. V-1.1), 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

11. Is the firm (or independent partnership) now or has it ever been the subject of a civil suit related to its activities in the financial services field? Yes No

DECLARATION RELATED TO PROFESSIONAL PRACTICE

1. Does the firm (or independent partnership) intend to receive or collect funds on behalf of others (e.g., for an insurer or a client)? Yes No

➤ *If so, it must hold these funds in a separate account or in trust.*

2. Does the firm (or independent partnership) 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 its separate or in-trust accounts.*

For each account, please indicate:

– Name of account holder: _____

– Type of account:

savings

chequing

other: _____

– Account No.: _____

– Name of financial institution: _____

➤ *If not, please complete the **Absence of Separate Account** schedule.*

3. Does the firm (or independent partnership) 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.*

4. Does the firm (or independent partnership) 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.*

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.

5. Does the firm (or independent partnership) have commission sharing agreements with one or more businesses registered² with the AMF? Yes No
 ➤ If so, in **Business Relationships** schedule, please check “Commission sharing agreement” in an “Other registrant” business relationship field for each of these registrant.
6. Does the firm (or independent partnership) 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.
7. Does the firm (or independent partnership) share commissions with one or more businesses other than those mentioned in questions 5 and 6? Yes No
8. Does the firm (or independent partnership) have agreements with client referral agents?³ Yes No
9. Does the firm (or independent partnership) 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.
10. Does the firm (or independent partnership) 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

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*).

11. Does the firm (or independent partnership) carry out paid activities (whether related or not to financial services) other than those provided for under its registration? Yes No
- *If so, specify those activities:*
- Premium comparison website
 - Tax filing
 - Premises leasing
 - Mortgage brokerage
 - Other: _____
12. Will uncertified employees of the firm (or independent partnership) carry out customer service? Yes No
- For example, respond to general inquiries about existing products or contracts or make administrative changes.*
- *If so:*
- How many employees will offer customer service? _____
 - Will calls be recorded? Yes No
13. Does the firm (or independent partnership) have pre-hire screening measures for uncertified employees? Yes No
14. Does the firm (or independent partnership) hold the following insurance?
- Cyber risk insurance Yes No
 - Directors' and officers' liability insurance Yes No
15. Does the firm (or independent partnership) have policies⁴ for the following?
- Ethics and professional conduct Yes No
 - Remuneration Yes No
 - Hiring and selection of representatives Yes No
 - Conflicts of interest Yes No
 - Use of social media Yes No
 - Maintenance of representatives' right to practise Yes No
 - Information security Yes No
 - Transaction compliance Yes No
 - Vulnerable clientele Yes No
 - Management of orphan policies Yes No

⁴ Policy means any policy, procedure, guide, instruction or guideline.

16. Does the firm (or independent partnership) have a business continuity plan? Yes No
17. Will the firm (or independent partnership) 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
18. Will the firm (or independent partnership) use a digital space⁵ to enter into insurance contracts, settle claims, prepare financial plans or engage in brokerage transactions in relation to a loan secured by immovable hypothec? Yes No
- *If so, the firm (or independent partnership) must complete the **Digital spaces (product or service offered via the Internet)** form and send it to the AMF as soon as it receives confirmation of its registration.*

DECLARATION PERTAINING TO DAMAGE INSURANCE (if applicable)

1. Is the firm (or independent partnership) a member of a banner?⁶ Yes No
- *If so, which one?* _____
2. Will the firm (or independent partnership) act as a wholesaler?⁷ Yes No
- *If so:*
- *How many registrants does it intend to serve?* _____
 - *In the **Business Relationships** schedule, please check “Wholesaler agreement” in an “Insurer” business relationship field for each insurer for which the firm (or independent partnership) will act as a wholesaler.*
3. Will the firm (or independent partnership) use the services of wholesalers? Yes No
- *If so, in the **Business Relationships** schedule, please disclose a “Wholesaler” business relationship for each one.*

⁵ A digital space is used to interact directly with clients and to conclude contracts. It can be a website or a mobile app, for example.

⁶ A banner is the designation under which a business carries on its activities. A banner is any name, mark, symbol or sign belonging to a group, network or association of firms or independent partnerships.

⁷ 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*).

DECLARATION PERTAINING TO INSURANCE OF PERSONS (if applicable)

1. Will the firm (or independent partnership) act as a general agent?⁸ Yes No

➤ *If so:*

- Please indicate the number of registrants it intends to serve:

- In the **Business Relationships** schedule, please disclose a “General agent agreement” in an “Insurer” business relationship field for each insurer for which the firm (or independent partnership) will act as a general agent.

➤ *If not:*

- Does it have direct distribution agreements with insurers?
 Yes No
- *If so, in the **Business Relationships** schedule, please disclose a “Distribution agreement” in an “Insurer” business relationship field for each insurer with which the firm (or independent partnership) has such an agreement.*
- Does it have distribution agreements with other registrants?
 Yes No
- *If so, in the **Business Relationships** schedule, please disclose a “Distribution agreement” in an “Other registrant” business relationship field for each other registrant with which the firm (or independent partnership) has such an agreement.*

2. Does the firm (or independent partnership) have distribution agreements with general agents? Yes No

➤ *If so, in the **Business Relationships** schedule, please disclose a “General agent” business relationship for each general agent with which the firm (or independent partnership) has such an agreement.*

⁸ *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.

DECLARATION PERTAINING TO GROUP INSURANCE OF PERSONS (if applicable)

1. Will the firm (or independent partnership) act as a general agent?⁹ Yes No

➤ *If so:*

- *Please indicate the number of registrants it intends to serve:*

- *In the **Business Relationships** schedule, please disclose a “General agent agreement” in an “Insurer” business relationship field for each insurer for which the firm (or independent partnership) will act as a general agent.*

➤ *If not:*

- *Does it have direct distribution agreements with insurers?*
 Yes No
- *If so, in the **Business Relationships** schedule, please disclose a “Distribution agreement” in an “Insurer” business relationship field for each insurer with which the firm (or independent partnership) has such an agreement.*
- *Does it have distribution agreements with other registrants?*
 Yes No
- *If so, in the **Business Relationships** schedule, please disclose a “Distribution agreement” in an “Other registrant” business relationship field for each other registrant with which the firm (or independent partnership) has such an agreement.*

2. Does the firm (or independent partnership) have distribution agreements with general agents? Yes No

➤ *If so, in the **Business Relationships** schedule, please disclose a “General agent” business relationship for each general agent with which the firm (or independent partnership) has an agreement.*

3. Does the firm (or independent partnership) have a procedure to help representatives draft proper mandates before setting up group plans? Yes No

⁹ *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.

DÉCLARATION PERTAINING TO MORTGAGE BROKERAGE (if applicable)

1. Are you a member of a banner? Yes No
- If so, which one? _____
2. Has the firm (or independent partnership) entered into an agreement or agreements with one or more mortgage lenders allowing it 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. Does the firm (or independent partnership) 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.

SECTION 6 – CERTIFICATION
RESPONSIBLE OFFICER OR PARTNER / AUTHORIZED SIGNATORY

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 |

Important

Missing supporting documents will delay processing of your application.

SECTION 7 – REQUIRED SUPPORTING DOCUMENTS FOR REGISTRATION OF FIRM OR INDEPENDENT PARTNERSHIP

| | SUPPORTING DOCUMENTS |
|--|--|
| Registre des entreprises du Québec (Québec enterprise register) (1 document required) | <input type="checkbox"/> Most recent declaration of registration of the firm or independent partnership and any amending declarations |
| Partnership agreement (1 document required) <i>* For independent partnerships only.</i> | <input type="checkbox"/> Copy of the partnership agreement and any amendments |
| Professional liability insurance (1 document required) | <input type="checkbox"/> Professional liability insurance endorsement <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Professional liability insurance contract |
| Professional liability insurance – representative (1 document required) <i>* Only for representatives who are not covered by the firm's insurance policy.</i> | <input type="checkbox"/> Professional liability insurance endorsement <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Professional liability insurance contract |
| Declaration pertaining to professional liability insurance (1 document required) <i>* If the deductible exceeds the amount prescribed by regulation.</i> | <input type="checkbox"/> Statement of deductible exceeding the regulatory limit |
| List of representatives (1 document required) | <input type="checkbox"/> Schedule – List of Representatives by Sector |
| List of employees in the damage insurance sector (section 547) <i>* If the firm has employees referred to in section 547 of the Distribution Act.</i> | <input type="checkbox"/> Schedule – List of Employees in the Damage Insurance Sector (547) |
| Business relationships (1 document required) | <input type="checkbox"/> Schedule – Business Relationships |

SCHEDULE – LIST OF REPRESENTATIVES BY SECTOR

Please complete a copy of this schedule for each establishment.

ADDRESS OF ESTABLISHMENT/BRANCH

| | | | | | |
|--------------|--|----------|--|----------------|--|
| Civic No. | | Street | | Suite/ Unit | |
| Municipality | | Province | | Postal code | |
| Telephone | | E-mail | | | |

Important

Please identify one representative for each sector requested and send an Attachment of Representative form for each of the other representatives you want to attach.

REPRESENTATIVE No. 1

| | | | | | |
|---|--|--|-----------|----------------------------------|--|
| Client No. (10 digits) | | | | | |
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Sectors | | | | | |
| Firm: <input type="checkbox"/> Employee | <input type="checkbox"/> Without being an employee | Independent partnership: <input type="checkbox"/> Employee | | <input type="checkbox"/> Partner | |

HOME ADDRESS (MAIN)

| | | | | | |
|-------------------------|--|----------|--|---------------|--|
| Civic No. / P.O. Box | | Street | | Apt./ Unit | |
| Municipality | | Province | | Postal code | |
| Telephone | | Cell | | | |
| E-mail | | | | | |

REPRESENTATIVE No. 2

| | | | | | |
|---|--|--|-----------|----------------------------------|--|
| Client No. (10 digits) | | | | | |
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Sectors | | | | | |
| Firm: <input type="checkbox"/> Employee | <input type="checkbox"/> Without being an employee | Independent partnership: <input type="checkbox"/> Employee | | <input type="checkbox"/> Partner | |

HOME ADDRESS (MAIN)

| | | | | | |
|-------------------------|--|----------|--|---------------|--|
| Civic No. / P.O. Box | | Street | | Apt./ Unit | |
| Municipality | | Province | | Postal code | |
| Telephone | | Cell | | | |
| E-mail | | | | | |

SCHEDULE – LIST OF EMPLOYEES IN THE DAMAGE INSURANCE SECTOR (547)

Please complete a copy of this schedule for each establishment. Please identify employees referred to in section 547 of the *Act respecting the distribution of financial products and services* (Distribution Act)

| ADDRESS OF ESTABLISHMENT | | | | | |
|--|------------|----------|-----------|----------------|--|
| Civic No. | | Street | | Suite/ Unit | |
| Municipality | | Province | | Postal code | |
| Telephone | | E-mail | | | |
| EMPLOYEE No. 1 | | | | | |
| Client No. (10 digits) | | | | | |
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | First name | | Last name | | |
| HOME ADDRESS (MAIN) | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | Province | | Postal code | |
| Telephone | | Cell | | | |
| E-mail | | | | | |
| EMPLOYEE No. 2 | | | | | |
| Client No. (10 digits) | | | | | |
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | First name | | Last name | | |
| HOME ADDRESS (MAIN) | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | Province | | Postal code | |
| Telephone | | Cell | | | |
| E-mail | | | | | |

SCHEDULE – BUSINESS RELATIONSHIPS

Please use a copy of this schedule to disclose each of your business relationships. Supporting documents are required for certain business relationships.

OFFICER OR PARTNER RESPONSIBLE IN QUÉBEC (one only)

| | | | | | | |
|---|------------|--|----------|------------------------------|--------------------------------------|---------------|
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | First name | | | Last name | | |
| Client No. (10 digits) (if applicable) | | | | Date of birth | ____ / ____ / ____ year month day | |
| Is this person certified in Québec? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| HOME ADDRESS OF OFFICER OR PARTNER RESPONSIBLE IN QUÉBEC | | | | | | |
| Civic No. | | | Street | | | Apt./ Unit |
| Municipality | | | Province | | Postal code | |
| Telephone | | | Cell | | | |
| E-mail | | | | | | |

CORRESPONDENT (one only)

| | | | | | | |
|--|------------|--|----------|---------------|--------------------------------------|---------------|
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | First name | | | Last name | | |
| Client No. (10 digits) (if applicable) | | | | Date of birth | ____ / ____ / ____ year month day | |
| HOME ADDRESS OF CORRESPONDENT | | | | | | |
| Civic No. | | | Street | | | Apt./ Unit |
| Municipality | | | Province | | Postal code | |
| Telephone | | | Cell | | | |
| E-mail | | | | | | |

CORRESPONDENT'S ASSISTANT (if applicable)

| | | | | | | |
|--|------------|--|----------|---------------|--------------------------------------|---------------|
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | First name | | | Last name | | |
| Client No. (10 digits) (if applicable) | | | | Date of birth | ____ / ____ / ____ year month day | |
| HOME ADDRESS OF CORRESPONDENT'S ASSISTANT | | | | | | |
| Civic No. | | | Street | | | Apt./ Unit |
| Municipality | | | Province | | Postal code | |
| Telephone | | | Cell | | | |
| E-mail | | | | | | |

Disclose all persons authorized to act as signatories for your firm or independent partnership with the AMF. If necessary, add a copy of this page.

| AUTHORIZED SIGNATORY No. 1 | | | | | |
|---|------------|--------|---------------|--------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ | |
| | | | year | month | day |
| HOME ADDRESS OF AUTHORIZED SIGNATORY | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | | Cell | | |
| E-mail | | | | | |

| AUTHORIZED SIGNATORY No. 2 (if applicable) | | | | | |
|--|------------|--------|---------------|--------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ | |
| | | | year | month | day |
| HOME ADDRESS OF AUTHORIZED SIGNATORY | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | | Cell | | |
| E-mail | | | | | |

| AUTHORIZED SIGNATORY No. 3 (if applicable) | | | | | |
|--|------------|--------|---------------|--------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ | |
| | | | year | month | day |
| HOME ADDRESS OF AUTHORIZED SIGNATORY | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | | Cell | | |
| E-mail | | | | | |

Disclose all directors or partners whose names appear on the declaration in the Registre des entreprises. If necessary, add a copy of this page.

| DIRECTOR OR PARTNER No. 1 | | | | | |
|---|------------|--------|---------------|--------------------------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ year month day | |
| HOME ADDRESS OF DIRECTOR OR PARTNER | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | | Cell | | |
| E-mail | | | | | |

| DIRECTOR OR PARTNER No. 2 (if applicable) | | | | | |
|---|------------|--------|---------------|--------------------------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ year month day | |
| HOME ADDRESS OF DIRECTOR OR PARTNER | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | | Cell | | |
| E-mail | | | | | |

| DIRECTOR OR PARTNER No. 3 (if applicable) | | | | | |
|---|------------|--------|---------------|--------------------------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ year month day | |
| HOME ADDRESS OF DIRECTOR OR PARTNER | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | | Cell | | |
| E-mail | | | | | |

Disclose all persons who hold shares in your firm. If necessary, add a copy of this page.

| SHAREHOLDER (NATURAL PERSON) No. 1 (if applicable) | | | | | |
|--|------------|--------|--|--------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ | |
| HOME ADDRESS OF SHAREHOLDER | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | Cell | | E-mail | |
| RELATIONSHIPS WITH OTHER ENTITIES | | | | | |
| Is this shareholder an officer or employee of an insurer? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If so, please specify: <input type="checkbox"/> Officer or <input type="checkbox"/> Employee | | | | | |
| Name of insurer: _____ | | | Client No. with the AMF: _____ | | |
| Name of insurer: _____ | | | Client No. with the AMF: _____ | | |
| Is this shareholder an officer or employee of another registrant? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If so, please specify: <input type="checkbox"/> Officer or <input type="checkbox"/> Employee | | | | | |
| Name of registrant: _____ | | | Client No. with the AMF: _____ | | |
| Name of registrant: _____ | | | Client No. with the AMF: _____ | | |

| SHAREHOLDER (NATURAL PERSON) No. 2 (if applicable) | | | | | |
|--|------------|--------|--|--------------------|-------------|
| Mr. <input type="checkbox"/> | First name | | Last name | | |
| Ms. <input type="checkbox"/> | | | | | |
| Client No. (10 digits) (if applicable) | | | Date of birth | ____ / ____ / ____ | |
| HOME ADDRESS OF SHAREHOLDER | | | | | |
| Civic No. | | Street | | Apt./ Unit | |
| Municipality | | | Province | | Postal code |
| Telephone | | Cell | | E-mail | |
| RELATIONSHIPS WITH OTHER ENTITIES | | | | | |
| Is this shareholder an officer or employee of an insurer? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If so, please specify: <input type="checkbox"/> Officer or <input type="checkbox"/> Employee | | | | | |
| Name of insurer: _____ | | | Client No. with the AMF: _____ | | |
| Name of insurer: _____ | | | Client No. with the AMF: _____ | | |
| Is this shareholder an officer or employee of another registrant? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If so, please specify: <input type="checkbox"/> Officer or <input type="checkbox"/> Employee | | | | | |
| Name of registrant: _____ | | | Client No. with the AMF: _____ | | |
| Name of registrant: _____ | | | Client No. with the AMF: _____ | | |

Disclose all businesses that hold shares in your firm. If necessary, add a copy of this page.

| SHAREHOLDER (LEGAL PERSON) No. 1 (if applicable) | | | | | |
|---|--|----------|--------|-----------------|----------------|
| Name of shareholder | | | | | |
| Client No. (10 digits) (if applicable) | | | | NEQ (10 digits) | |
| MAIN ADDRESS OF SHAREHOLDER | | | | | |
| Civic No. / P.O. Box | | Street | | | Suite/ Unit |
| Municipality | | Province | | Postal code | |
| Telephone | | | E-mail | | |
| TYPE OF BUSINESS | | | | | |
| <input type="checkbox"/> Insurer <input type="checkbox"/> Other registrant (firm, independent partnership or independent representative) <input type="checkbox"/> Other | | | | | |

| SHAREHOLDER (LEGAL PERSON) No. 2 (if applicable) | | | | | |
|---|--|----------|--------|-----------------|----------------|
| Name of shareholder | | | | | |
| Client No. (10 digits) (if applicable) | | | | NEQ (10 digits) | |
| MAIN ADDRESS OF SHAREHOLDER | | | | | |
| Civic No. / P.O. Box | | Street | | | Suite/ Unit |
| Municipality | | Province | | Postal code | |
| Telephone | | | E-mail | | |
| TYPE OF BUSINESS | | | | | |
| <input type="checkbox"/> Insurer <input type="checkbox"/> Other registrant (firm, independent partnership or independent representative) <input type="checkbox"/> Other | | | | | |

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"/> Loan agreement <input type="checkbox"/> Service 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 <input type="checkbox"/> General agent agreement <input type="checkbox"/> Wholesaler agreement <ul style="list-style-type: none"> <input type="checkbox"/> Brokerage activities <input type="checkbox"/> Underwriting activities <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"/> Loan agreement <input type="checkbox"/> Service 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 <input type="checkbox"/> General agent agreement <input type="checkbox"/> Wholesaler agreement <ul style="list-style-type: none"> <input type="checkbox"/> Brokerage activities <input type="checkbox"/> Underwriting activities <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 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 REGISTRANT | | | | | |
| <input type="checkbox"/> Service 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 (for firms or independent partnerships 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 (for firms or independent partnerships 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 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 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 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 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 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 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 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 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 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: _____ | | |

| REQUIRED SUPPORTING DOCUMENTS FOR BUSINESS RELATIONSHIPS | |
|---|--|
| | SUPPORTING DOCUMENTS |
| <p>Account schedule (1 document required)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Schedule – Absence of Separate Account <input type="checkbox"/> Schedule – Opening of Separate Account |
| <p>Declaration of officers and directors or partners (1 document required)</p> <p><i>* Provide a copy for the officer or partner responsible in Québec and for each director or partner whose name appears on the declaration in the Registre des entreprises.</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Schedule – Declaration of Officers and Directors or Partners |
| <p>Declaration related to responsible officers in mortgage brokerage firms (1 document required)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Schedule – related to responsible officers in mortgage brokerage firms |
| <p>Document from the firm or independent partnership (1 document required)</p> <p><i>* Except for firms with only one officer, director, correspondent and signatory.</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Document signed by all directors or partners confirming the appointment of the officer or partner responsible in Québec, the correspondent, the correspondent's assistant and the authorized signatories <input type="checkbox"/> Board resolution |
| <p>Education and experience of responsible officer (1 document required)</p> <p><i>* Only if the new responsible officer is not certified in Québec.</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Curriculum vitæ <i>(The AMF reserves the right to require the officer to write certain exams, even if it recognizes the officer's experience.)</i> |
| <p>Certification of responsible officer in another province (1 document required)</p> <p><i>* Only if the responsible officer resides outside Québec, if he is not certified in Québec and does not have any financial services experience in Québec but does have this experience in his province of residence.</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Letter explaining how the responsible officer intends to manage the firm's operations in Québec <i>(The letter must contain specific information about the frequency of visits and conference calls.)</i> |

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 or an independent partnership, make your declaration to the following financial institution:

| INFORMATION ABOUT THE FINANCIAL INSTITUTION | | | | | | | |
|---|----------|--|-----|----------------|--|--|--|
| Name of financial institution | | | | | | | |
| Civic No. | Street | | | Suite/ 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 / an 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 | | Suite/ 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 – DECLARATION OF OFFICERS AND DIRECTORS OR PARTNERS

This declaration must be completed, signed and dated by the officer responsible for operations in Québec and by each director and officer of the firm or each partner of the independent partnership whose names appear on the declaration of the *Registraire des entreprises*. One copy for each responsible officer or partner, director or partner.

We invite you to consult the companion guide which has been designed to assist you in completing this declaration, question by question. This guide is available on our website under “Professionals / Firms and representatives.”

INFORMATION ABOUT THE OFFICER, DIRECTOR, OR PARTNER

| | | | | |
|--|------------|---------------|--------------------------------------|--|
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | First name | | Last name | |
| Client No. (if applicable) (10 digits) | | Date of birth | ____ / ____ / ____ year month day | |
| Title or function within registrant ¹⁰ | | | | |

HOME ADDRESS

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

INFORMATION ABOUT THE FIRM OR INDEPENDENT PARTNERSHIP (THE REGISTRANT)

| | | | |
|---------------------------|--|-----------------|--|
| Client No. (10 digits) | | NEQ (10 digits) | |
| Name | | | |

Answer the questions in this box if you are completing this declaration for the first time or if you need to update previously provided information.

Describe your experience as a **representative**, in the **financial services sector**, and in a **management** position in Québec or elsewhere:

Representative: ____ year(s) **Financial services sector:** ____ year(s) **Management:** ____ year(s)

Description : _____

Check your highest level of education:

Primary Secondary College

University (undergraduate) Diploma: _____

University (postgraduate) Diploma: _____

Check the professional designations held:

CLU RLU AIB CIB CIP CFP

RFP FLMI CFC CRM Other _____

¹⁰ A registrant within the meaning of the *Act respecting the distribution of financial product and services*, CQLR, c. D-9.2, is a firm, independent partnership or independent representative.

Please answer all of the questions below. For questions 3 to 6, each time you answer yes, please provide the requested information in the *Additional Information* section.

1. Are you an officer or employee of an insurer? yes no
 ➤ If yes, please provide the following: Officer Employee
 Name: _____ Client number: _____
 Name: _____ Client number: _____
2. Are you an officer or an employee of another registrant? yes no
 ➤ If yes, please provide the following: Officer Employee
 Name: _____ Client number: _____
 Name: _____ Client number: _____
 Name: _____ Client number: _____
3. Do you have a non-arm's length relationship¹¹ with another financial services entity? yes no
4. Do you carry out functions or activities, paid or not, other than those for which you hold a right to practise issued by the AMF? yes no
5. Do you have an incapacity¹² that prevents you from carrying out your role with the registrant? yes no
6. During the past 10 years, have you, personally or in connection with any function performed within a financial services entity, been the subject of:

| | |
|--|--|
| a) a complaint currently pending filed under a law governing the financial services sector? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| b) a resignation, involuntary termination or dismissal related to failure to comply with a law, regulation, code of ethics or other directive? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| c) an investigation or charge by a professional order or oversight body in the financial services or real estate sector? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| d) disciplinary proceedings, a fine or decision issued by an oversight body in the financial services sector or an administrative tribunal? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| e) a cancellation, suspension or revocation of a right to practise in the financial services sector? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| f) failure to pay a financial obligation? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| g) garnishment or an unsatisfied judgment with financial obligations? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| h) a proposal, arrangement or any other procedure under the <i>Bankruptcy and Insolvency Act</i> , <i>Companies Creditors' Arrangement Act</i> or any other law dealing with insolvency? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| i) a petition in bankruptcy, assignment of property, order or any other procedure under the <i>Bankruptcy and Insolvency Act</i> , <i>Companies Creditors' Arrangement Act</i> or any other law dealing with insolvency? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| j) a charge or conviction regarding an offence or a criminal act? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| k) a civil suit related to your professional activities? | <input type="checkbox"/> yes <input type="checkbox"/> no |

¹¹ For individuals, a non-arm's length relationship is defined as a blood relationship, marriage, *de facto* union, civil union or relationship by adoption. Two persons may also be considered as related in fact. For entities, in addition to the existing relationships for individuals, a non-arm's length relationship entails control.

¹² The term "incapacity" refers to a person's inability to exercise certain rights under legislation or a court order.

ADDITIONAL INFORMATION

Please complete the sections that correspond to your situation.

OTHER ACTIVITIES AND NON-ARM'S LENGTH RELATIONSHIPS

If you answered yes to question 3 or 4, please provide the following:

- Name of entity: _____
- Sector of activity: _____
- Your functions: _____
- Target clientele: _____
- Name of owner: _____
- Nature of non-arm's length relationship (if applicable): _____

INCAPACITY

If you answered yes to question 5, please provide the following:

- Nature of incapacity: _____
- Effective date: _____

COMPLAINT PENDING

If you answered yes to question 6a), please provide the following:

- Name of person or entity against whom complaint made: _____
- Complainant's name: _____
- Date of complaint: _____
- Subject of complaint: _____

RESIGNATION, INVOLUNTARY TERMINATION, DISMISSAL

If you answered yes to question 6b), please check the box that corresponds to your situation, then provide the following:

- Resignation
 Involuntary termination
 Dismissal
- Name of entity: _____
 - Effective date: _____
 - Circumstances: _____

INVESTIGATION, CHARGE, DISCIPLINARY PROCEEDINGS, CANCELLATION, SUSPENSION OR REVOCATION OF RIGHT TO PRACTISE

If you answered yes to questions 6c), 6d) or 6e), please check the box that corresponds to your situation, then provide the following:

- Investigation
 Disciplinary proceedings, fine or decision
 Charge
 Cancellation, suspension or revocation of right to practise
- Name of person or entity: _____
 - Name of organization: _____
 - Date (of event or decision): _____
 - Decision number, if applicable: _____
 - Summary: _____

 - Reasons: _____

FINANCIAL SITUATION

If you answered yes to questions 6f) or 6g), please check the box that corresponds to your situation, then provide the following:

- Incapacity to pay a financial obligation
 Unsatisfied judgment
 Garnishment
- Name of person or entity: _____
 - Amount due at time of event: _____
 - Name of person or entity to whom amount is/was owed: _____
 - Payment due date or date of final payment: _____
 - Amount currently owing: _____

If you answered yes to questions 6h) or 6i), please check the box that corresponds to your situation, then provide the following:

- Proposal or arrangement
 Petition in bankruptcy, assignment of property or order
- Name of person or entity: _____
 - Date of proceedings: _____
 - Causes and circumstances: _____

 - Decision number, if applicable: _____
 - Summary of decision or settlement: _____

 - Amount currently owing: _____
 - Creditors: _____
 - Current situation: _____
 - Date discharge granted, if applicable: _____

CIVIL AND CRIMINAL SUITS

If you answered yes to questions 6j) or 6k), please check the box that corresponds to your situation, then provide the following:

- Charge related to an offence or criminal act
 - Conviction related to an offence or criminal act
 - Civil suit related to your professional activities
- Name person or entity: _____
 - Name of applicant(s) (in case of civil suit): _____
 - Type of charge or offence or reason for civil suit: _____
 - Date of charge or conviction, if applicable: _____
 - Trial or appeal date, if applicable: _____
 - Decision number, if applicable: _____
 - Summary of decision or settlement, if applicable: _____

DECLARATION (officer, partner, director)

I declare that the information provided is accurate and complete.

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

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

Forms sent by e-mail or fax will **not** 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