

Before completing this form, please read the following carefully:

Use this form to withdraw from one or more sectors or to withdraw your registration. You must have paid all amounts owing to the Autorité des marchés financiers (AMF) in order to withdraw from a sector or withdraw your registration.

You are applying to: Withdraw from a sector Withdraw registration

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the *Act respecting the protection of personal information in the private sector*, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		NEQ (10 digits)	
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Registrant name		Language of correspondence: French English
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Main address

Civic No.		Street		Suite / Unit	
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Municipality		Province		Postal code	
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Telephone		Fax	
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E-mail	
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Mailing address

Same as main address

Civic No. / P.O. Box		Street		Suite / Unit	
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Municipality		Province		Postal code	
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SECTION 2 – CHOICE OF SECTORS

APPLICATION TO WITHDRAW FROM SECTOR OR WITHDRAW REGISTRATION

Insurance of persons

Group insurance of persons

Damage insurance (Broker)

Damage insurance (Agent)

Claims adjustment

Financial planning

Mortgage brokerage

Designation C (special brokerage)

Designation E (claims adjustment in respect of policies purchased through the firm for which the agent or broker acts)

547 (Employee in damage insurance referred to in section 547 of An Act respecting the distribution of financial products and services)

IMPORTANT

Regulation respecting the Section 13 of the keeping and preservation of books and registers provides that: «All firms, independent representatives or independent partnerships shall preserve the books and registers set out in this Regulation and those set out in the Regulation respecting firms, independent representatives and independent partnerships, for a period of 5 years from their closing, and in the case of information pertaining to client records, from the closing of the client record, as well as supporting documents that were used for their preparation.»

SECTION 3 – PRESERVATION OF BOOKS AND REGISTERS

You must complete another form if you have more than one person responsible for keeping books and registers or following up on client records, or if you have more than one address where books and registers are kept.

Sectors concerned	
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PERSON RESPONSIBLE FOR KEEPING BOOKS AND REGISTERS

Indicate the name of the person responsible for keeping the books and registers, including the accounting books and registers, client records, registers of commissions and registers of incentives.

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

FULL ADDRESS

Indicate the full address in Québec where all books and registers will be preserved for a period of five years from the date of withdrawal from the sector or from the date of withdrawal of registration.

Civic No / P.O. Box		Street	Apt. / Unit
Municipality		Province	Postal code
Telephone		Fax	

SECTION 4 – PERSON RESPONSIBLE FOR FOLLOWING UP ON CLIENT RECORDS

Indicate the name of the certified representative, firm, independent partnership or insurer that will be following up on client records. The person must be certified by or registered with the AMF in the sectors for which the application for withdrawal is made.

If you indicate the name of a representative who will become temporarily inactive as a result of this application for withdrawal, also specify the name of the new registrant (firm, independent partnership, independent representative) to which the representative will be attached. The representative will be authorized to follow up on client records only after receiving confirmation of his or her attachment to the registrant.

Client No. (10 digits)		
Mr. Ms.	First name	Last name
Registrant name		

If the firm, independent partnership or independent representative does not have any client records, tick the box below.

No client records

IMPORTANT

Indicate whether or not you have received any complaints from your clients. If you answer «yes» to any of these questions, the AMF will contact you by email to obtain additional information.

SECTION 5 – COMPLAINT REPORT

- | | | |
|--|-----|----|
| 1. Do you have any complaints to report? | Yes | No |
| 2. Are any complaints you reported still unresolved? | Yes | No |

SECTION 6 – FEES PAYABLE TO THE AMF

You must have paid all amounts owing to the AMF in order to withdraw from one or more sectors or withdraw your registration, failing which the processing of your application will be delayed.

SECTION 7 – DECLARATION ON INFORMATION PROVIDED

Responsible officer or partner / authorized signatory / independent representative

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

Mr. Ms.	First name		Last name	
Signature			Date	

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

No form sent by e-mail or by fax will be accepted.

Send your form and payment to the following address:

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