

Before completing this form, please read the following carefully:

Use this form to transfer (check the type of transfer to be made):

- Only one representative
- Several representatives from the same branch
- All representatives from the same branch

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

Client No. (10 digits)		NEQ (10 digits)	
Name of business			
Language of correspondence:	French <input type="checkbox"/>	English <input type="checkbox"/>	
MAIN ADDRESS			
Civic No. / P.O. Box		Street	Suite / Unit
Municipality		Province	Postal code
Telephone		Fax	
E-mail			

**SECTION 2 – INFORMATION ABOUT THE TRANSFER
OF ONE OR MORE REPRESENTATIVES**

- I wish to transfer all the representatives of the branch
- I wish to close this branch

<input type="checkbox"/> I wish to transfer one or more representatives of the branch Indicate the representatives' names below. If you have more than 8 representatives, please use a copy of this page.			
REPRESENTATIVE No. 1			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
REPRESENTATIVE No. 2			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
REPRESENTATIVE No. 3			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
REPRESENTATIVE No. 4			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
REPRESENTATIVE No. 5			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
REPRESENTATIVE No. 6			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
REPRESENTATIVE No. 7			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
REPRESENTATIVE No. 8			
Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name

SECTION 3 – IDENTIFICATION OF THE BRANCHES CONCERNED

FORMER BRANCH

Client No. (10 digits)							
Name of branch							
ADDRESS OF BRANCH							
Civic No.		Street				Apt. / Unit	
Municipality				Province		Postal code	
Telephone				Fax			
E-mail							

NEW BRANCH

Client No. (10 digits)							
Name of branch							
ADDRESS OF BRANCH							
Civic No.		Street				Apt. / Unit	
Municipality				Province		Postal code	
Telephone				Fax			
E-mail							

SECTION 4 – INFORMATION DECLARATION

SIGNATURE OF THE OFFICER IN CHARGE / AUTHORIZED SIGNATORY / PARTNER IN CHARGE

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

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

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

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