

Before completing this form, please read the following carefully:

This form must be completed by a firm, an independent partnership or an independent representative (the “registrant”) whose professional liability insurance contract includes a deductible exceeding the limit set out in section 29, paragraph (2), of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2.

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE FIRM, INDEPENDENT PARTNERSHIP OR INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		NEQ (10 digits)	
Name of registrant			

SECTION 2 – STATEMENT

- I certify that, as required under section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2, the registrant identified in Section 1 maintains at all times net liquid capital at least equal to the amount of the highest deductible under its professional liability insurance contract.

SECTION 3 – DECLARATION REGARDING INFORMATION PROVIDED

RESPONSIBLE OFFICER, RESPONSIBLE PARTNER OR INDEPENDENT REPRESENTATIVE

I declare 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

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.

Send your form to the following address:

Autorité des marchés financiers
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