

AMF E-Services

If you prefer to submit your application via our on-line service,
please go to our website at <http://www.lautorite.qc.ca/en/e-services.html>.

Representatives can use this form to check that they meet the supervisor criteria. The required qualifications are set out in the [Regulation respecting the issuance and renewal of representatives' certificates](#).

Important

The result of the review is valid only at the time of analysis. The Autorité des marchés financiers (AMF) will review your situation at the time of each application for a probationary period. You may submit an application for a sector or sector class, even if that sector or sector class is inactive, provided that it has been inactive for less than 12 months. In this case, your qualification as a supervisor will be conditional on the reinstatement of your right to practise (s. 44 of the Regulation respecting the issuance and renewal of representatives' certificates).

PART 1 – IDENTIFICATION (in block letters)

INFORMATION ABOUT FUTURE SUPERVISOR

Client No.
(10 digits)

Ms.
Mr.

First
name

Last
name

Date of birth ____ / ____ / ____
year month day

Language of correspondence: French English

MAILING ADDRESS

Civic No.

Street

Apt.

Municipality

Province

Postal code

Telephone (residence)

Telephone (business)

Ext.

Cell phone

E-mail

PART 2 – CHOICE OF SECTOR OR SECTOR CLASS

- Insurance of persons
- Accident and sickness insurance
- Group insurance of persons (insurance and annuities)
- Group insurance plans
- Group annuity plans
- Damage insurance (personal-lines and commercial-lines)
- Personal-lines damage insurance
- Commercial-lines damage insurance
- Claims adjustment (personal-lines and commercial-lines)
- Claims adjustment for personal-lines damage insurance
- Claims adjustment for commercial-lines damage insurance

Information Centre

Toll-free: 1-877-525-0337
Québec City: 418-525-0337
Montréal: 514-395-0337

dfq_analyse-futur-superviseur_ January 2019

PART 3 – STATEMENT

Use this section to submit a statement in connection with your Application for Analysis of Future Supervisor's File.

1. In the five years preceding the candidate's application, were you ever the subject of a disciplinary sanction imposed by a discipline committee established under *An Act respecting the distribution of financial products and services* or the Court of Québec sitting in appeal of a decision issued by such a committee? Yes No

If you answered **yes**, please attach details of the type of sanction and identify the issuing committee. Also provide the decision number, if applicable. Decision

No.: _____

2. In the five years preceding the candidate's application, were you ever struck off the roll by a disciplinary committee of a professional order? Yes No

If you answered **yes**, please provide details and the decision number, if applicable. Decision No.: _____

3. Does your certificate carry conditions or restrictions imposed under section 218, 219 or 220 of *An Act respecting the distribution of financial products and services* affecting your ability to act as a supervisor? Yes No

If you answered **yes**, please describe the conditions and restrictions and attach details.

PART 4 – DECLARATION

I declare that the information provided in this form is accurate and complete. I have attached all supporting documents required to process my application.

Signature _____ Date: _____ / _____ / _____
year month day

