

**AMF E-Services**

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

PART 1 – IDENTIFICATION (in block letters)							
CLIENT INFORMATION							
Client No. (10 digits)							
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	First name			Last name		
Date of birth ____ / ____ / ____ year    month    day				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
HOME ADDRESS							
Civic No.		Street		Apt.			
City			Province		Postal code		
Telephone (residence)			Telephone (business)			Ext.	
Cell phone			E-mail				

**PART 2 – EXAMINATIONS TO POSTPONE OR CANCEL**

**Postponement fees** will apply:

- if the AMF receives your application **five working days or more** before the examination date indicated on your notice of examination;
- if your examinations are spread over a period of 90 days and the new examination date falls within this period.

**Registration fees** will apply:

- if the AMF receives your application **four working days or less** before the examination date indicated on your notice of examination;
- if your examinations are spread over a period of 90 days and the new examination date falls after this period.

In the case of **cancellation**, no fees will be refunded. No failure will be recorded in your file, provided that this form is received **prior to the date of the examination**.

Please provide the necessary information to postpone or cancel one or more examinations.

Application	Examination No.	Original examination date	Examination date and time in order of preference	Location of examination (if changed)	Language
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English

### PART 3 – 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

**PART 4 – FEES PAYABLE AND PAYMENT**

**CLIENT INFORMATION**

Client No. (10 digits)			
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name	Last name	
Name of firm			

**FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2019 TO DECEMBER 31, 2019  
(Please note that fees are non-refundable)**

Postponement fee:  \$73

Registration fee:  \$146

Total: \$\_\_\_\_\_

If paying by credit card, please carry the amount over to the space below marked with an \*. If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards.

**METHOD OF PAYMENT**

<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Please make your payment payable to the order of the <b>Autorité des marchés financiers</b> and <b>date it on the day on which the form is sent.</b>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<p>I authorize the AMF to charge the amount of * \$_____ to my credit card.</p> <p>Card No.: _____ / _____ / _____ / _____</p> <p>Expiry date: _____ / _____ month year</p> <hr/> <p>Name of cardholder <b>(in block letters)</b></p> <hr/> <p>Signature of cardholder</p> <p style="text-align: right;">Date: _____ / _____ / _____ year month day</p>

The AMF only accepts forms sent by **mail**.  
**No form** sent by e-mail or by fax will be accepted.

Send your payment to the following address:

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