Use this form to submit an application for authorization of probationary period, for a change in supervisor or for an extension of probationary period.

Important information for employers, candidates and supervisors

We recommend that this form be completed via AMF E-Services.

Employers, candidates and supervisors who do not have access to this service must each complete the paper form.

- A candidate must successfully complete the probationary period in order to obtain an insurance representative’s certificate. During the probationary period, the trainee must complete at least 28 hours of work per week, over six or 12 weeks, depending on the sector class or sector.
- A candidate must have a valid probationary certificate before taking any action related to practice as a trainee. This probationary certificate is mandatory and gives the trainee the right to legally carry out activities throughout the probationary period. It is an official document indicating the dates on which the probationary period starts and ends. These dates must be respected. Any activities carried out without AMF authorization will be considered illegal practice and subject to sanctions.
- The candidate will be listed as a trainee in the AMF’s public register for the entire period that his probationary certificate is valid. This register, available on the AMF website, confirms to consumers that the trainee is authorized to pursue activities as a trainee. If the validity period of the probationary certificate is extended or shortened, the information in the public register will be updated automatically.
- To obtain a probationary certificate, the candidate must have passed each of the examinations prescribed for the selected sector or sector class and the examinations must be valid. An examination is valid for a period of two years beginning on the date the candidate passed the examination.
- During the entire time that the probationary period is valid, the trainee must notify the AMF of any change to the information or to a document furnished to the AMF within five days of the change. The probationary period is interrupted if the holder of a probationary certificate is in any of the following situations: He is no longer under the supervision of an authorized person or he is unable to continue with the probationary period due to disability, in particular as the result of a preventive withdrawal, because he is on parental leave or where warranted by exceptional circumstances. In all other situations, the probationary period is considered to be discontinued.
- When the probationary period has been completed, the candidate will retain his trainee status for a period of 45 days from the date on which the probationary period ends, provided that he sends the AMF an application for a representative’s certificate within 30 days of the end of the probationary period.
- Whether the trainee has been supervised by one or two supervisors, the application for supervisor’s recommendation related to representative’s certificate must be completed by only one supervisor.
**PART 1 – EMPLOYER IDENTIFICATION** (in block letters)

**APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD**

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**MAILING ADDRESS**

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I declare that the information provided herein is accurate.

Name (in block letters) of officer / partner responsible or authorized signatory

Signature of officer / responsible partner / authorized signatory Date: _____ / _____ / _____

**PART 2 – CLIENT IDENTIFICATION** (in block letters)

**INFORMATION ABOUT TRAINEE**

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<tr>
<th>Ms. □</th>
<th>Mr. □</th>
<th>First name</th>
<th>Last name</th>
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Date of birth: _____ / _____ / _____

Language of correspondence: French □ English □

**HOME ADDRESS**

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</table>
PART 3 – CHOICE OF PROBATIONARY PERIOD FOR A SECTOR OR A SECTOR CLASS

You must indicate the sector or sector class in which the candidate will carry out a probationary period. A probationary period undertaken for a sector lasts 12 weeks. A probationary period takes place on the basis of at least 28 hours a week and is divided into two parts lasting 6 weeks each, except for the insurance of persons sector. These two parts correspond to the 2 sector classes that make up each sector. The trainee must follow this sequence in order to earn a representative’s certificate in the entire sector chosen.

<table>
<thead>
<tr>
<th>Sector or sector class</th>
<th>Start date requested</th>
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<tbody>
<tr>
<td>❑ Insurance of persons (12 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
<tr>
<td>❑ Accident and sickness insurance (6 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
<tr>
<td>❑ Group insurance plans (6 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
<tr>
<td>❑ Group annuity plans (6 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
<tr>
<td>❑ Personal-lines damage insurance (6 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
<tr>
<td>❑ Commercial lines damage insurance (6 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
<tr>
<td>❑ Claims adjustment in personal-lines damage insurance (6 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
<tr>
<td>❑ Claims adjustment in commercial-lines damage insurance (6 weeks)</td>
<td><strong><strong><strong>/</strong></strong></strong>/______ year month day</td>
</tr>
</tbody>
</table>
PART 4 – CHOICE OF VACATION PERIOD (if applicable)

The trainee must have received his probationary certificate before starting his probationary period.

**Important**

If applicable, identify the vacation period(s) the candidate expects to take. A candidate is entitled to a vacation period of not more than seven days if completing a probationary period for a sector class. The candidate is entitled to two vacation periods totalling not more than 14 days if completing a probationary period for a sector. If no vacation period is indicated and the candidate takes vacation during the probationary period, his probationary certificate will be revoked.

Does the candidate expect to take vacation during the probationary period?  

- Yes  
- No

- If yes, start date of vacation for a sector class (one period):

  From: _____ / _____ / ______  
  To: _____ / _____ / ______  
  year  month  day  
  year  month  day

Start date of vacation for a sector (maximum of two one-week periods)

Start date of week 1:

From: _____ / _____ / ______  
To: _____ / _____ / ______  
year  month  day  
year  month  day

Start date of week 2:

From: _____ / _____ / ______  
To: _____ / _____ / ______  
year  month  day  
year  month  day

PART 5 – STATEMENT OF APPLICANT

**Important**

The candidate must complete this part.

1. Since your last declaration, have you begun to carry out activities (remunerated or not) in a field other than that which is related to your practice as a representative? - You may answer "no" to this question if your other activity is related to a right to practise issued by the AMF or a mortgage broker licence issued by the Organisme d’autoréglementation du courtage immobilier du Québec (OACIQ)?  
- Yes  
- No

- If you answered yes, please complete and submit the Dual Employment form.
2. Are you a member of a professional order?  
   ❏ Yes  ❏ No
   ➤ Which one? ________________  What is your member number? ________________
   ➤ Do you carry out activities related to this profession?  
   ❏ Yes  ❏ No

3. Since your last statement, have you pleaded guilty or been convicted of an offence or a criminal act by a Canadian or foreign court, have you been the subject of a civil suit related to your activities as a representative or has a disciplinary sanction been taken against you by a disciplinary committee? - You do not need to answer "yes" to this question if you were found not guilty or if the charges against you were withdrawn.
   ➤ If you answered yes, please complete and submit the Statement of Guilt form.

4. Are you in default of paying any outstanding fines, costs or interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee under any of the following: An Act respecting the distribution of financial products and services, CQLR, c. D-9.2, the former An Act respecting market intermediaries, CQLR, c. I-15.1, the Real Estate Brokerage Act, CQLR, c. C-73.1, the Securities Act, CQLR, c. V-1.1, or the Professional Code, CQLR, c. C-26?  
   ➤ If you answered yes, please attach details to your application.

5. Since your last statement, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been the subject of a disciplinary sanction imposed by a disciplinary committee or by a body in Québec or in another province or jurisdiction that is responsible for supervising and monitoring persons acting as representatives in a sector or sector class governed by An Act respecting the distribution of financial products and services, CQLR, c. D-9.2, or a category governed by the Securities Act, CQLR, c. V-1.1?  
   ➤ Decision number: ________________  Date: ________________
   Name of decision maker: ________________  Sector/sector class/category: ________________

6. Since your last statement, have you filed for bankruptcy, made an assignment of your property or been placed under a receiving order pursuant to the Bankruptcy and Insolvency Act, R.S.C., 1985, c. B-3?  
   ➤ If you answered yes, please complete and submit the Statement of Bankruptcy form.
7. Has a tutor, curator or adviser been appointed to you? (Protective supervision is a mechanism provided for by law to protect persons who are found to be incapable. A supervisor is not considered a tutor, curator or adviser.)

- Yes
- No

If you answered yes, please attach details to your application.

8. Since your last statement, have you been a director, officer or partner of a firm or independent partnership whose registration was cancelled under An Act respecting the distribution of financial products and services, CQLR, c. D-9.2?

- Yes
- No

If you answered yes, please attach details to your application.

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

_____________________________ Date: _________/_______/_______
Signature of candidate

PART 6 – CHOICE OF SUPERVISORS / REPLACEMENT SUPERVISOR

You must identify one or two supervisors who will supervise the candidate. If necessary, please also identify a representative who will act as a replacement supervisor when one or both supervisors are absent, and indicate any periods of absence.

If you wish to designate different supervisors for each sector class, please print and attach a separate Part 6 - Choice of Supervisors / Replacement Supervisor.

Important

A supervisor or a replacement supervisor is a representative authorized to pursue activities at the time of the probationary period and the holder of a certificate for at least 24 months of the previous 36 months in the same sector or sector class in which the candidate seeks to pursue activities. He must also satisfy the conditions under sections 45 and 46 of the Regulation respecting the issuance and renewal of representatives’ certificates (the "Regulation").

If a trainee is supervised by two supervisors, one of them may be absent during the probationary period. It is not necessary to inform the AMF, as the second supervisor will assume supervision of the trainee. If both supervisors are absent at the same time, you must designate a replacement supervisor. Otherwise, the probationary period will be interrupted.
PART 6.1 – SUPERVISOR 1

IDENTIFICATION OF SUPERVISOR 1 (MANDATORY)

<table>
<thead>
<tr>
<th>Ms.</th>
<th>Mr.</th>
<th>First name</th>
<th>Last name</th>
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Client No. (10 digits)
Certificate No (6 digits)

Supervised sector or sector class

Employer’s name
Registration No

MAILING ADDRESS

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<th>Civic No.</th>
<th>Street</th>
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City
Province
Postal code

Telephone (business)
Ext.
Cell phone

Fax
E-mail

Vacation dates: From: _____ / _____ / ______ to _____ / _____ / ______

STATEMENT OF SUPERVISOR 1

1. In the five years preceding the candidate’s application, were you the subject of a disciplinary sanction imposed by a disciplinary 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?

   ➤ If you answered yes, please specify the type of sanction and the issuing committee, as well as the decision number, if any.

   Decision No: ______________________

2. In the five years preceding the candidate’s application, were you struck off the roll by a disciplinary committee of a professional order?

   ➤ If you answered yes please provide details and the decision number, if any.

   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 provide details.

I, the undersigned, ________________________________ intend to supervise __________________________

Last and first name of supervisor Last and first name of candidate

for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the Autorité des marchés financiers of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.

______________________________ Date: ______/_____/_______

Signature of supervisor 1

PART 6.2 – SUPERVISOR 2

IDENTIFICATION OF SUPERVISOR 2

Ms. ❌ Mr. ❌

First name Last name

Client No (10 digits) Certificate No (6 digits)

Supervised sector or sector class

Employer’s name Registration No

MAILING ADDRESS

Civic No. Street Suite

City Province Postal code

Telephone (business) Ext. Cell phone

Fax E-mail

Vacation dates: From: ______/_____/_______ to ______/_____/_______

year month day year month day
STATEMENT OF SUPERVISOR 2

1. In the five years preceding the candidate’s application, were you the subject of a disciplinary sanction imposed by a disciplinary 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 specify the type of sanction and the issuing committee, as well as the decision number, if any.

   Decision No.: __________________________

2. In the five years preceding the candidate’s application, were you 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 any.

   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 provide details.

I, the undersigned, __________________________ intend to supervise __________________________

Last and first name of supervisor Last and first name of candidate

for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the Autorité des marchés financiers of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.

____________________________ Date: ______ / ______ / ______

Signature of supervisor 2

____________________________ year month day
**APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD**

**CHANGE IN SUPERVISOR**

**EXTENSION OF PROBATIONARY CERTIFICATE**

**ADD TRAINEE’S VACATION**

---

### PART 6.3 – REPLACEMENT SUPERVISOR 1

#### IDENTIFICATION OF REPLACEMENT SUPERVISOR 1

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#### STATEMENT OF REPLACEMENT SUPERVISOR 1

1. In the five years preceding the candidate’s application, were you the subject of a disciplinary sanction imposed by a disciplinary 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 specify the type of sanction and identify the issuing committee, as well as the decision number, if any.*

   Decision No.: __________

2. In the five years preceding the candidate’s application, were you 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 any.*

   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 provide details.

I, the undersigned, ___________________________________ intend to supervise ___________________________________ Last and first name of supervisor

for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the Autorité des marchés financiers of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.

______________________________________________
Signature of replacement supervisor 1

Date: _____ / _____ / ______
year month day

PART 6.4 – REPLACEMENT SUPERVISOR 2

IDENTIFICATION OF REPLACEMENT SUPERVISOR 2

Ms.  □  Mr.  □
First name       Last name

Client No (10 digits)
Certificate No (6 digits)

Supervised sector or sector class

Employer’s name       Registration No

MAILING ADDRESS

Civic No.       Street       Suite

City       Province       Postal code

Telephone (business)       Ext.       Cell phone

Fax       E-mail
## STATEMENT OF REPLACEMENT SUPERVISOR 2

1. In the five years preceding the candidate’s application, were you the subject of a disciplinary sanction imposed by a disciplinary 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?  
   - If you answered yes, please specify the type of sanction and identify the issuing committee, as well as the decision number, if any.  
   
   Decision No.: ______________________

2. In the five years preceding the candidate’s application, were you struck off the roll by a disciplinary committee of a professional order?  
   - If you answered yes please provide details and the decision number, if any.  
   
   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?  
   - If you answered yes, please provide details.  
   
   I, the undersigned, ___________________________________ intend to supervise ________________________  
   
   Last and first name of supervisor  
   Last and first name of candidate  
   
   for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the *Autorité des marchés financiers* of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.  
   
   Signature of replacement supervisor 2  
   _______________________________  
   Date: _____ / _____ / ______

   year  month  day
PART 7 – CHANGE IN SUPERVISOR

Important

Complete only if applicable. Parts 1 to 6 must also be completed.

The holder of a probationary certificate may change supervisors during the probationary period without affecting its duration provided that the AMF is informed at least 10 days prior to the proposed change and the new supervisor acts on behalf of the same firm or the same independent partnership, as applicable.

Intended date of change: ______ / ______ / ______

year  day  month

Reason for change in supervisor:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

New supervisor (must complete Part 6 and Part 6.1):

Ms.  Mr.

Last and first name: ___________________________________________  Certificate No.: ______________________

(in block letters)

PART 8 – EXTENSION OF PROBATIONARY CERTIFICATE

Important

Complete only if applicable. Parts 1 to 6 must also be completed.

Where the probationary period is interrupted, the holder of a probationary certificate must immediately cease to perform any actions reserved for trainees. He may apply to the AMF for authorization to extend the probationary period for its remaining duration by submitting an application to that effect, along with documentation of the reason for the interruption. The probationary period may not be interrupted for more than 4 weeks.
APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD
CHANGE IN SUPERVISOR
EXTENSION OF PROBATIONARY CERTIFICATE
ADD TRAINEE’S VACATION

 Interruption of probationary period:

From: _____ / _____ / ______
year month day
To: _____ / _____ / ______
year month day

Expected date of resumption of probationary period: _____ / _____ / ______
year month day

PART 9 – ADD TRAINEE’S VACATION DURING PROBATIONARY PERIOD

Important

Complete only if applicable. Parts 1 to 6 must also be completed, except Part 4.

Two criteria must be met so that a trainee can add vacation days to his probationary period:

• The application to modify probationary period (paper), together with the required fee, must be sent to the AMF before the start of vacation. This application cannot be submitted via AMF E-Services.

• The total duration of the trainee’s vacation days must not exceed the maximum period set out in sections 34 and 35 of the Regulation, i.e., a maximum of one week per sector class.

Vacation start date for a sector class (one period):

From : _____ / _____ / ______
year month day
To : _____ / _____ / ______
year month day

Vacation start date for a sector (maximum of two one-week periods):

Start date of week 1 :

From : _____ / _____ / ______
year month day
To : _____ / _____ / ______
year month day

Start date of week 2 :

From : _____ / _____ / ______
year month day
To : _____ / _____ / ______
year month day
## PART 10 – FEES PAYABLE AND PAYMENT

### CLIENT INFORMATION

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<tr>
<th>Ms. ☐</th>
<th>Mr. ☐</th>
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<tr>
<td>First name</td>
<td>Last name</td>
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<th>Name of firm</th>
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**FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2019 TO DECEMBER 31, 2019**

(Please note that fees are non-refundable.)

File study fee: ☑ $69

**METHOD OF PAYMENT**

- ☐ Cheque
- ☐ Money order

Please make your payment payable to the order of the **Autorité des marchés financiers** and date it on the day on which the form is sent.

- ☐ Visa
- ☐ MasterCard
- ☐ American Express

I authorize the AMF to charge the amount of $__________ to my credit card.

<table>
<thead>
<tr>
<th>Card No.</th>
<th>Expiry date</th>
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</table>

<table>
<thead>
<tr>
<th>Name of cardholder (in block letters)</th>
<th>Date: _____ / _____ / _____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of cardholder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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