AUTORITÉ DES MARCHÉS FINANCIERS

MANAGE BUSINESS RELATIONSHIPS

Firm / Independent Partnership / Independent Representative

Use this form to make the necessary changes to the business relationships disclosed to the *Autorité des marches financiers*.

Please refer to the table in Part 3 for the supporting documents to be provided in each case.

Important:

You can name **only one correspondent** and **only one responsible officer or partner in Québec**. If you add a new correspondent or a new responsible officer (or partner) in Québec, the person currently shown in the firm's or independent partnership's file will be removed automatically.

PART 1 – IDENTIFICATION

INFORMATION ON FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE			
Client No. (10 digits)		Québec enterprise number (NEQ) (10 digits)	
Name of business			

PART 2 – CHANGE REQUESTED

SECTION A – RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC (only one)

INFORMATION ABOUT THE RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC TO BE REMOVED				
Mr. ❑ Ms. ❑	First name		Last name	
Client No. (10 digits) (if applicable)			Date of birth: _____ / _____ / _____ year month day	

INFORMATION ABOUT THE RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC TO BE ADDED				
Mr. ❑ Ms. ❑	First name		Last name	
N° de client (10 chiffres) (s'il y a lieu)			Date of birth: _____ / _____ / _____ year month day	
Is this person certified in Québec?			Yes ❑ No ❑	

HOME ADDRESS					
Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		Cell			
E-mail					

If necessary, add a copy of this page.

SECTION B – CORRESPONDENT (only one)				
INFORMATION ABOUT THE CORRESPONDENT TO BE REMOVED				
Mr. ❑ Ms. ❑	First name		Last name	
Client No. (10 digits) (if applicable)			Date of birth: _____ / _____ / _____ year month day	
INFORMATION ABOUT THE CORRESPONDENT TO BE ADDED				
Mr. ❑ Ms. ❑	First name		Last name	
N° de client (10 chiffres) (s'il y a lieu)			Date of birth: _____ / _____ / _____ year month day	
HOME ADDRESS				
Civic No.		Street		Apt. / Unit
Municipality		Province		Postal code
Telephone		Cell		
E-mail				

SECTION C – CORRESPONDENT'S ASSISTANT				
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**				
IDENTIFICATION				
Mr. ❑ Ms. ❑	First name		Last name	
Client No. (10 digits) (if applicable)			Date of birth: _____ / _____ / _____ year month day	
HOME ADDRESS				
Civic No.		Street		Apt. / Unit
Municipality		Province		Postal code
Telephone		Cell		
E-mail				

If necessary, add a copy of this page.

SECTION D – AUTHORIZED SIGNATORY NO. 1							
YOU WANT TO: ❑ ADD ❑ REMOVE ❑ MODIFY							
IDENTIFICATION							
Mr. ❑ Ms. ❑	First name			Last name			
Client No. (10 digits) (if applicable)				Date of birth: _____ / _____ / _____ year month day			
HOME ADDRESS							
Civic No.		Street				Apt. / Unit	
Municipality			Province		Postal code		
Telephone			Cell				
E-mail							

SECTION D – AUTHORIZED SIGNATORY NO. 2							
YOU WANT TO: ❑ ADD ❑ REMOVE ❑ MODIFY							
IDENTIFICATION							
Mr. ❑ Ms. ❑	First name			Last name			
Client No. (10 digits) (if applicable)				Date of birth: _____ / _____ / _____ year month day			
HOME ADDRESS							
Civic No.		Street				Apt. / Unit	
Municipality			Province		Postal code		
Telephone			Cell				
E-mail							

If necessary, add a copy of this page.

SECTION E – DIRECTOR OR PARTNER NO. 1

YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**

(*this change must also be made in the Registre des entreprises du Québec*)

IDENTIFICATION

Mr. ❑ Ms. ❑	First name		Last name	
Client No. (10 digits) (if applicable)			Date of birth: _____ / _____ / _____ year month day	

HOME ADDRESS

Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		Cell			
E-mail					

SECTION E – DIRECTOR OR PARTNER NO. 2

YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**

(*this change must also be made in the Registre des entreprises du Québec*)

IDENTIFICATION

Mr. ❑ Ms. ❑	First name		Last name	
Client No. (10 digits) (if applicable)			Date of birth: _____ / _____ / _____ year month day	

HOME ADDRESS

Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		Cell			
E-mail					

If necessary, add a copy of this page.

SECTION F – SHAREHOLDER (NATURAL PERSON)						
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**						
IDENTIFICATION						
Mr. ❑ Ms. ❑	First name			Last name		
Client No. (10 digits) (if applicable)				Date of birth _____ / _____ / _____ year month day		
HOME ADDRESS						
Civic No.		Street			Apt./ Unit	
Municipality			Province		Postal code	
Telephone		Cell		E-mail		
RELATIONSHIPS WITH OTHER ENTITIES (only if you add or modify a shareholder)						
Is this shareholder an officer or employee of an insurer?				Yes ❑ No ❑		
If so, please specify: ❑ Officer or ❑ Employee Name of insurer: _____ Client No. with the AMF: _____ Name of insurer: _____ Client No. with the AMF: _____						
Is this shareholder an officer or employee of another registrant?				Yes ❑ No ❑		
If so, please specify: ❑ Officer or ❑ Employee Name of registrant: _____ Client No. with the AMF: _____ Name of registrant: _____ Client No. with the AMF: _____						

If necessary, add a copy of this page.

SECTION G – SHAREHOLDER (LEGAL PERSON)							
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**							
IDENTIFICATION							
Name of shareholder							
Client No. (10 digits) (if applicable)			NEQ (10 digits)				
MAIN ADDRESS							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone			E-mail				
TYPE OF BUSINESS (only if you add or modify a shareholder)							
❑ Insurer ❑ Other registrant (firm, independent partnership or independent representative) ❑ Other							

If necessary, add a copy of this page.

SECTION H – INSURER					
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**					
IDENTIFICATION					
Name of insurer					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone		E-mail			

TYPES OF AGREEMENTS WITH THIS INSURER (only if you add or modify an insurer)

- ❑ Loan agreement
- ❑ Service agreement
  - ❑ Internet site/server hosting
  - ❑ Administration
  - ❑ Equipment supply
  - ❑ Premises leasing
  - ❑ Staff loan
- ❑ Distribution agreement
- ❑ General agent agreement
- ❑ Wholesaler agreement
  - ❑ Brokerage activities
  - ❑ Underwriting activities
- ❑ Other agreement: _____

SECTOR(S) COVERED BY THESE AGREEMENTS (only if you add or modify an insurer)

❑ Insurance of persons	❑ Damage insurance	❑ Financial planning
❑ Group insurance of persons	❑ Claims adjustment	

If necessary, add a copy of this page.

SECTION I – OTHER REGISTRANT							
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**							
IDENTIFICATION							
Name of registrant							
Client No. (10 digits)			NEQ (10 digits)				
MAIN ADDRESS							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone			E-mail				

TYPES OF AGREEMENTS WITH THIS OTHER REGISTRANT (only if you add or modify an other registrant)	
❑ Service agreement ❑ Internet site/server hosting ❑ Administration ❑ Equipment supply ❑ Premises leasing ❑ Staff loan	❑ Distribution agreement ❑ Loan agreement ❑ Commission sharing agreement ❑ Franchise agreement ❑ Client referral ❑ Other agreement: _____

SECTOR(S) COVERED BY THESE AGREEMENTS (only if you add or modify an other registrant)		
❑ Insurance of persons	❑ Damage insurance	❑ Financial planning
❑ Group insurance of persons	❑ Claims adjustment	❑ Mortgage brokerage

If necessary, add a copy of this page.

SECTION J – GENERAL AGENT							
YOU WANT TO: ❑ ADD ❑ REMOVE ❑ MODIFY							
IDENTIFICATION							
Name of general agent							
Client No. (10 digits)			NEQ (10 digits)				
MAIN ADDRESS							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone			E-mail				
SECTOR(S) COVERED BY THIS AGREEMENT (only if you add or modify a general agent)							
❑ Insurance of persons			❑ Group insurance of persons				

SECTION K – WHOLESALER							
YOU WANT TO: ❑ ADD ❑ REMOVE ❑ MODIFY							
IDENTIFICATION							
Name of wholesaler							
Client No. (10 digits)			NEQ (10 digits)				
MAIN ADDRESS							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone			E-mail				

If necessary, add a copy of this page.

SECTION L – MORTGAGE LENDER (LEGAL PERSON)							
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**							
Name of lender							
NEQ (10 digits)							
MAIN ADDRESS OF MORTGAGE LENDER							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone			E-mail				
TYPES OF AGREEMENTS WITH THIS LENDER							
❑ Service agreement ❑ Internet site/server hosting ❑ Administration ❑ Equipment supply ❑ Premises leasing ❑ Staff loan			❑ Distribution agreement ❑ Loan agreement ❑ Commission sharing agreement ❑ Franchise agreement ❑ Client referral ❑ Other agreement: _____				

If necessary, add a copy of this page.

SECTION M – MORTGAGE LENDER (NATURAL PERSON)							
YOU WANT TO: ❑ ADD ❑ REMOVE ❑ MODIFY							
Name of lender							
MAIN ADDRESS OF MORTGAGE LENDER							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone			E-mail				
TYPES OF AGREEMENTS WITH THIS LENDER							
❑ Service agreement ❑ Internet site/server hosting ❑ Administration ❑ Equipment supply ❑ Premises leasing ❑ Staff loan			❑ Distribution agreement ❑ Loan agreement ❑ Commission sharing agreement ❑ Franchise agreement ❑ Client referral ❑ Other agreement: _____				

If necessary, add a copy of this page.

SECTION N – OACIQ REAL ESTATE LICENCE HOLDER (LEGAL PERSON)							
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**							
Name of real estate agency							
OACIQ licence No.		NEQ (10 digits)					
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone		E-mail					
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER							
❑ Service agreement ❑ Internet site/server hosting ❑ Administration ❑ Equipment supply ❑ Premises leasing ❑ Staff loan			❑ Distribution agreement ❑ Loan agreement ❑ Commission sharing agreement ❑ Franchise agreement ❑ Client referral ❑ Other agreement: _____				

If necessary, add a copy of this page.

SECTION O – OACIQ REAL ESTATE LICENCE HOLDER (NATURAL PERSON)							
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**							
Name of real estate broker							
OACIQ licence No.							
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone			E-mail				
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER							
❑ Service agreement ❑ Internet site/server hosting ❑ Administration ❑ Equipment supply ❑ Premises leasing ❑ Staff loan			❑ Distribution agreement ❑ Loan agreement ❑ Commission sharing agreement ❑ Franchise agreement ❑ Client referral ❑ Other agreement: _____				

If necessary, add a copy of this page.

SECTION P – MORTGAGE BROKERAGE – OTHER BUSINESS, IN PARTICULAR CONSTRUCTION CONTRACTOR							
YOU WANT TO: ❑ **ADD** ❑ **REMOVE** ❑ **MODIFY**							
Name of business							
NEQ (10 digits)							
MAIN ADDRESS OF OTHER BUSINESS							
Civic No. / P.O. Box		Street				Suite/ Unit	
Municipality		Province		Postal code			
Telephone		E-mail					
INDUSTRY SECTOR OF THE OTHER BUSINESS							
Please specify the industry sector of the business with which your firm has a relationship in connection with its mortgage brokerage activities governed by the *Act respecting the distribution of financial products and services* (e.g., construction, data storage). _____							
TYPES OF AGREEMENTS WITH THIS OTHER BUSINESS							
❑ Service agreement ❑ Internet site/server hosting ❑ Administration ❑ Equipment supply ❑ Premises leasing ❑ Staff loan				❑ Distribution agreement ❑ Loan agreement ❑ Commission sharing agreement ❑ Franchise agreement ❑ Client referral ❑ Other agreement: _____			

PART 3 – REQUIRED SUPPORTING DOCUMENTS	
SECTION A – ADD RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC	
	SUPPORTING DOCUMENTS
Separate account schedule (1 document required)	❏ Schedule – Absence of Separate Account ❏ Schedule – Opening of Separate Account
Declaration of officers and directors or partners (1 document required)	❏ Schedule – Declaration of Officers and Directors or Partners
Document from a firm or independent partnership (1 document required) ** Except for firms with only one officer, director, correspondent and authorized signatory.*	❏ Document signed by all directors or partners confirming the appointment of the responsible officer or partner in Québec, the correspondent, the correspondent's assistant and the authorized signatories ❏ Board resolution
Education and experience (1 document required) ** Only if the new responsible officer is not certified in Québec.*	❏ Curriculum vitæ *(The AMF reserves the right to require the officer to write certain exams despite the recognition of the officer's experience.)*
Certification in another province (1 document required) ** Only if the new responsible officer resides outside Québec, if he is not certified in Québec and does not have any financial services experience in Québec but does have this experience in his province of residence.*	❏ Letter explaining how the responsible officer intends to manage the firm's operations in Québec *(The letter must contain specific information about the frequency of visits and conference calls.)*
Declaration related to responsible officers in mortgage brokerage firms (1 document required)	❏ Schedule – related to responsible officers in mortgage brokerage firms

SECTIONS B, C AND D – ADD / REMOVE CORRESPONDENT / CORRESPONDENT'S ASSISTANT / AUTHORIZED SIGNATORY	
	SUPPORTING DOCUMENTS
Document provided by the firm or independent partnership (1 document required) * *Except for firms with only one officer, director, correspondent and authorized signatory.*	❑ Document signed by all directors with respect to addition or removal of correspondent, correspondent's assistant or authorized signatory. ❑ Letter signed by the responsible officer ❑ Board resolution

SECTION E – ADD / REMOVE DIRECTOR OR PARTNER	
	SUPPORTING DOCUMENTS
Declaration of officers and directors or partners (1 document required) * *For additions only.*	❑ Schedule – Declaration of Officers and Directors or Partners

PART 4 – FEES FOR THE PERIOD FROM JANUARY 1, 2020 TO DECEMBER 31, 2020

File study fee (**sections A to E**)	$53.00 *
File study fee (**sections F to K**)	$0.00

* This fee covers all changes requested in these sections.

TOTAL	**$0.00 OR $53.00**

PART 5 – INFORMATION DECLARATION

AUTHORIZED SIGNATORY

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

Mr. ❑ Ms. ❑	First name		Last name	
Signature			Date	_____ / _____ / _____ year month day

PAYMENT SLIP

CLIENT INFORMATION

Client No. (10 digits)		Québec enterprise number (NEQ) (10 digits)	
Name of business			

FEES (These fees are non-refundable.)

Amount due: $ _____

* If you are paying by credit card, carry this 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

❏ Cheque
❏ Money order

Please make your payment to the order of the **Autorité des marchés financiers** and date it **on the day you send your form**.

❏ Visa
❏ MasterCard
❏ American Express

I authorize the AMF to charge the amount of * $_____ to my card.

Card No.: _____ /_____ /_____ /_____

Expiry date: _____ /_____
month year

_____
Name of cardholder
(IN BLOCK LETTERS)

_____
Signature of cardholder

Date: _____ / _____ / _____
day month year

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

Forms sent by e-mail or fax will **not** be accepted.

Send your application form and supporting documents along with 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