

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>

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 – EXAMINATION TO BE REVIEWED

Note

*The AMF must receive your application no later than 30 days following the date of communication of your examination result. An application must be submitted for each examination you wish to be reviewed. You can submit the paper form through AMF E-Services by selecting the application for **Result review** under the tab **Other application/request**.*

Date of examination session	Title of examination to be reviewed

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

Please do not delete this page when printing the form.

It has been left blank intentionally, because the page
Part 4 – Fees Payable and Payment must be printed on a
single sheet of paper with no information on the reverse side.

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, 2020 TO DECEMBER 31, 2020 (Please note that fees are non-refundable)			
File study fee:	<input checked="checked" type="checkbox"/> \$45	If payment is made with a 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 Autorité des marchés financiers and date it on the day on which the form is sent.	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		I authorize the AMF to charge the amount of * \$_____ to my credit card. Card No.: ____ / ____ / ____ / ____ Expiry date: ____ / ____ month year <hr/> Name of cardholder (in block letters) <hr/> Signature of cardholder	
		Date: ____ / ____ / ____ year month day	

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