

## 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>.

### Important

*Incomplete applications will delay processing. In addition, if you do not submit all missing documents by the specified date, your application for examination registration authorization will be cancelled and no fees will be refunded.*

*You must inform the AMF of any change to the information in this application within 5 days of the date on which it occurs.*

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

## PART 2 – STATEMENT

Throughout your probationary period, you must comply with the conditions of issuance of a representative's certificate as prescribed under section 56 of the Regulation respecting the issuance and renewal of representatives' certificates of *An Act respecting the distribution of financial products and services*.

1. Are you sponsored by an insurance firm registered with the AMF or by an educational institution recognized by the AMF?  Yes  No

If so, name of organization: \_\_\_\_\_

Firm's AMF client No.: \_\_\_\_\_

2. Do you hold a valid representative's certificate from another province?  Yes  No

➔ If so, which province? \_\_\_\_\_ Number of years of practice: \_\_\_\_\_

Sector or sector class: \_\_\_\_\_

3. Will you be carrying out activities (remunerated or not) in a field other than that which is related to your practice as a representative during the time that you hold a probationary certificate or a representative's certificate? - 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**.

➔ Have you already declared this other activity?  Yes  No

4. 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

5. 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.  Yes  No

If you answered **yes**, please complete and submit the **Statement of Guilt form**

6. 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?  Yes  No

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

7. 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?  Yes  No

➔ Decision No.: \_\_\_\_\_ Date: \_\_\_\_\_

➔ Decision maker's name: \_\_\_\_\_ Sector/sector class/category: \_\_\_\_\_

8. 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?  Yes  No

➔ If you answered **yes**, please complete and submit the **Statement of Bankruptcy form**.

9. 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.

10. Have you ever 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.

### Information Centre

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

## PART 3 – PURPOSE OF THE APPLICATION

Please indicate the purpose of your application.

- Authorization to register for examinations for a first certificate
- Addition of sector or sector class to a certificate
- Reinstatement of certificate
- Authorization to register for examination on ethics and professional practice outside Québec only (01-112)

## PART 4 – CHOICE OF SECTOR OR SECTOR CLASS

- Insurance of persons
- Accident and sickness insurance
- Group insurance of persons  
(Group insurance plans and Group annuity plans)
- Group insurance plans
- Group annuity plans

## PART 5 – LIFE LICENCE QUALIFICATION PROGRAM REQUIREMENT

### Note

*We remind you that minimum training is valid for a period of one year after successful completion. When the period has expired, the candidate must again register and successfully complete training recognized by the AMF, before submitting another application for examination registration authorization.*

In order for us to validate confirmation by your course provider that you successfully completed your training, please enter your Canadian Insurance Participant Registry (CIPR) number).

|             |  |
|-------------|--|
| CIPR number |  |
|-------------|--|

## PART 6 – VALID PROOF OF CANADIAN IDENTITY

### Note

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*If you provided proof of identity with a previous application, it is not necessary to do so again.*

Check one of the required **proofs of valid Canadian identification** below and attach a photocopy to your application. Incomplete applications will delay processing.

- Canadian citizenship card or certificate;
- Permanent Resident Card;
- Birth certificate issued in Canada;
- Canadian passport;
- Record of Landing;
- Canadian work permit.

**PART 7 – CANDIDATE’S STATEMENT CONCERNING AMF EXAMINATIONS**

By registering for AMF examinations, I acknowledge that:

- a) the mission of the AMF is to protect consumers;
- b) the evaluation of skills is one means by which the AMF fulfills its mission;
- c) AMF exams are intended to attest to the essential skills of future professionals and help ensure the protection of consumers;
- d) an evaluation of the skills of candidates must be conducted in a fair and equitable manner;
- e) the exams are the property of the AMF and it is the sole holder of the copyrights to these examinations.

Consequently, I understand that the actions below infringe the copyrights of the AMF and its ability to fulfill its mission. Therefore, I undertake not to:

- 1. copy, in whole or in part, any of the examination questions;
- 2. disclose in any manner whatsoever any information related to the examination questions.

In making this statement, I understand that compliance with this undertaking will be taken into consideration during the evaluation of my file at the time of the issuance and renewal of my representative’s certificate.

This statement shall extend beyond the date when the certificate that I have applied for has been issued.

I declare that I have read this statement and I agree with the terms hereof.

\_\_\_\_\_, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature year month day

**PART 8– 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.

\_\_\_\_\_, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature year month day

