AUTORITÉ DES MARCHÉS FINANCIERS

APPLICATION FOR EXAMINATION REGISTRATION AUTHORIZATION

Mortgage brokerage

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.

Important

If your application is incomplete, it will take longer to process. In addition, if you do not submit all missing documents by the specified date, your application for examination registration authorization will be cancelled and any fees you have paid will not 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 INFORMATION							
Client No. (10 digits)							
Ms. ❑ Mr. ❑	First name			Last name			
Date of birth _____ / _____ / _____ day month year			Language of correspondence: French ❑ English ❑				
CONTACT INFORMATION							
Civic No.		Street			Apt.		
City			Province		Postal code		
Telephone (residence)			Telephone (business)			Ext.	
Cell phone			E-mail				

PART 2 – STATEMENT

Use this part of the form to submit a statement of guilt, dual employment or bankruptcy. You must answer all the questions. Depending on your answers, you may be asked for supporting documents.

1. Are you sponsored by a mortgage brokerage firm registered with the AMF or by an educational institution recognized by the AMF? ❑ Yes ❑ No

If so, name of organization:_____AMF client No. (if applicable): _____

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. Are you a real estate broker? ❑ Yes ❑ No

→ If so, what is your OACIQ member number? _____

→ Do you carry out activities related to this profession?

4. Will you be carrying out activities (remunerated or not) in a field other than that related to your practice as a representative while 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. ❑ Yes ❑ No

→ If you answered **yes**, please complete and submit the **Dual Employment form**. ❑ Yes ❑ No

→ Have you already declared this other activity? ❑ Yes ❑ No

5. Are you a member of a professional order? ❑ Yes ❑ No

→ If so, which one? _____ What is your member number? _____

→ Do you carry out activities related to this profession? ❑ Yes ❑ No

6. 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.**

7. 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, or are you in default of paying fines for an offence committed under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the former *An Act respecting market* ❑ Yes ❑ No

intermediaries, CQLR, c. I-15.1; the former *Real Estate Brokerage Act*, CQLR, c. C-73.1; the *Securities Act*, CQLR, c. V-1.1; the *Professional Code*, CQLR, c. C-26; the *Real Estate Brokerage Act*, CQLR, c. C-73.2?

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

8. 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 another state that is responsible for supervising and monitoring persons acting as representatives in a sector, sector class or category governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the *Securities Act*, CQLR, c. V-1.1; or the *Real Estate Brokerage Act*, CQLR, c. C-73.2? ❑ Yes ❑ No

➔ Decision No.:_____ Date: _____

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

9. 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**.

10. Are you under protective supervision with a tutor, curator or adviser? (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.

11. Have you ever been a director, officer or partner of a firm or independent partnership whose registration was cancelled under the *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.

PART 3 – PURPOSE OF THE APPLICATION

Please indicate the purpose of your application.

❑ Authorization to register for examinations for a first certificate

❑ Reinstatement of certificate

PART 4 – CAREER ENTRY REQUIREMENTS

Note

The training required as minimum qualifications is valid for two years from the date it was successfully completed or, if this training has been recognized by the Organisme d'autoréglementation du courtage immobilier du Québec (OACIQ), until April 30, 2022. If this training is no longer valid, you must apply again for a training program recognized by the AMF. After you have successfully completed the program, you will have to reapply for authorization to register for the examinations.

Please provide the following information. This will enable the AMF to validate the course provider's confirmation that you successfully completed the training program:

Name of educational institution	
Name of program	
Program completion date	_____ / _____ / _____ year month day

PART 5 – VALID PROOF OF CANADIAN IDENTITY

Note

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 identity 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 6 – 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 competencies is one means by which the AMF fulfills its mission;

c) AMF exams are intended to attest to the essential competencies of future professionals and help ensure the protection of consumers;

d) an evaluation of candidates' competencies 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 7 – 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

Please do not delete this page when printing the form.

This page was left blank intentionally because **Part 8 - Fees payable and payment** must be printed on a single sheet of paper with no information on the reverse side.

PART 8 – FEES PAYABLE AND PAYMENT

CLIENT INFORMATION

Client No. (10 digits)				
Ms. ❑ Mr. ❑	First name		Last name	
Name of firm				

FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2021 TO DECEMBER 31, 2021 (Please note that fees are non-refundable.)

File study fee: ☑ $74

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

❑ 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 credit card.

Card No.: _____ /_____ /_____ /_____

Expiry date: _____ /_____
month year

_____
Name of cardholder
(in block letters)

_____
Signature of cardholder

Date: _____ / _____ / _____
year month day

The AMF only accepts forms sent by mail.
Forms sent by e-mail or fax will not be accepted.

Send your form and payment to:

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