

## Who must complete this form?

This form must be completed by the respondent of any business that wishes to add one or more classes to its licence.

For questions regarding this form, please contact the Information Centre of the *Autorité des marchés financiers* ("AMF") at 1-877-525-0337.

## Part 1 - Identification and contact information of business

### 1.1. AMF client number

Indicate your client number (10 digits):

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### 1.2. Name of business

Indicate the name of the business as it appears in the *Identification de l'entreprise* section in the registration documents filed with the *Registraire des entreprises du Québec* (REQ). If you are an unregistered sole proprietorship, indicate your last and first names.

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### 1.3. Head office address

A post office box is not an acceptable address.

Civic No.	Street	Suite/Apt./Unit	
City/Municipality		Province/State	Postal code
Main telephone: ( ) _____ - _____		Other telephone: ( ) _____ - _____	
Fax: ( ) _____ - _____		E-mail	

**Part 2 - Classes to add, fees and documents to attach**

**Classes to add**

Tick classes to add

- Currency exchange
- Funds transfer
- Issue or redemption of traveller's cheques, money orders or bank drafts
- Cheque cashing

**Fees**

- \$680 per class added**

*A payment slip is provided at the end of this form.*

**Documents to attach**

- Business plan**
- Financial statements**

*Do not send these documents if they were submitted previously.*

*We will ask you to provide information about your new business relationships at a later date.*

- Operation of ATMs

**Fees**

**None**

*An amount of \$226 per ATM operated will be billed to you later.*

**Documents to attach**

- Appendix H** – For each ATM operated
- Appendix A** – For each person with functions related to the operation of ATMs

*The appendices to be completed are available on the AMF website ([www.lautorite.qc.ca](http://www.lautorite.qc.ca)).*

*We will ask you to provide information about your new business relationships at a later date.*

**Signature**

\_\_\_\_\_  
Name of respondent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

