Application for adding or removing a supervisor

Important

The holder of a probationary certificate may change supervisors during the probationary period, provided that the AMF has been informed of such change in advance.

The supervisor must:

- be authorized to pursue activities as a representative at the time of the probationary period;
- have held a certificate for at least 24 of the past 36 months in the same sector or sector class as the candidate; and
- satisfy the conditions under sections 45 and 46 of the *Regulation respecting the issuance and renewal of representatives' certificates*.

Instructions

To add one or more supervisors to a probationary period, complete Part 3, "Adding a supervisor."

To remove one or more supervisors from a probationary period, complete Part 4, "Removing a supervisor."

To replace one supervisor with another, indicate the supervisor to be removed in Section 4, "Removing a supervisor," and the supervisor who will replace them in Section 3, "Adding a supervisor."

If you wish to make more than three changes, please print and attach an additional page from the appropriate section to your request.

Note that up to four supervisors may be designated for a probationary period

AMF E-Services

Instead of filling out this form, you may now submit your application using our on-line service, please go to our website at http://www.lautorite.qc.ca/.

Partie 1 – Employer identification (in block letters)

Employer's name

Client No.
(10 digits)

Registration No.

Mailing address

Civic No. | Street | Suite

Municipality | Province | Postal code

I declare that the information provided herein is accurate. I also confirm that I am keeping a record on the outside activities of the trainee, if applicable, which includes the documents and information enumerated in the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, D-9.2, r. 2.

Name (in block letters) of responsible officer or authorized signatory

Signature | Date

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the Act respecting the protection of personal information in the private sector, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

Part 2 – Trainee's identification (in block letters)

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Date of birth

Home address

Civic No. | Street

Municipality | Province | Postal code

Telephone | E-mail

Telephone type: ☐ Residence ☐ Business ☐ Cell phone

Part 3 – Adding a supervisor

Complete only if applicable. Parts 1, 2 and 5 must also be completed.

Please note that the supervisor will be added when the AMF processes the request. It is not possible to request that a supervisor be added in the future.

Please declare if the supervisor has a family relationship with the trainee.

Family relationships are relationships created by blood, adoption or marriage.

Part 3.1 – Supervisor to add 1

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

Additional information

Telephone

E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Family relationship with the trainee? ☐ Yes ☐ No

Part 3.2 – Supervisor to add 2

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

Additional information

Telephone

E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Family relationship with the trainee? ☐ Yes ☐ No

Part 3.3 – Supervisor to add 3

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

Additional information

Telephone

E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Family relationship with the trainee? ☐ Yes ☐ No

Part 4 – Removing a supervisor

Complete only if applicable. Parts 1, 2 and 5 must also be completed.

Enter the end date of the supervision and the reason for removal.

You cannot remove a supervisor for a date in the past.

Part 4.1 – Supervisor to remove 1

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

End date of supervision

Reason for removal:

☐ Permanent absence (leaving the company, retirement, death)
☐ Assignment error
☐ Employee request
☐ Unavailability (Internal job change, extended leave, heavy workload)
☐ Conflict of interest
☐ Other (please specify):

Part 4.2 – Supervisor to remove 2

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

End date of supervision

Reason for removal:
☐ Permanent absence (leaving the company, retirement, death)
☐ Assignment error
☐ Employee request
☐ Unavailability (Internal job change, extended leave, heavy workload)
☐ Conflict of interest
☐ Other (please specify):

Part 4.3 – Supervisor to remove 3

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

End date of supervision

Reason for removal:
☐ Permanent absence (leaving the company, retirement, death)
☐ Assignment error
☐ Employee request
☐ Unavailability (Internal job change, extended leave, heavy workload)
☐ Conflict of interest
☐ Other (please specify):

Part 5 – Fees payable and payment

Client information

Client No. (10 digits)

☐ Ms.
☐ Mr.

First names(s)

Last name(s)

Name of employer

Fees payable for the period from January 1, 2026 to December 31, 2026 (Please note that fees are non-refundable)

File study fee: ☑ 86,00$

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 payable to the order of the **Autorité des marchés financiers** and **date it on the day on which the form is sent**.

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

Card No.:

☐ Visa
☐ Mastercard
☐ American Express

Expiry date
(Month / Year)

Name of card holder
(in block letters)

Signature of cardholder

Date

No form sent by e-mail or by fax will be accepted.

The AMF will only accept forms in paper format sent **by mail.**

Send your form and payment to:

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