

Analysis of future Supervisor's file

Important

Representatives can use this form to check that they meet the supervisor criteria. The required qualifications are set out in the [Regulation respecting the issuance and renewal of representatives' certificates](#).

The result of the review is valid only at the time of analysis. The Autorité des marchés financiers (AMF) will review your situation at the time of each application for a probationary period.

You may submit an application for a sector or sector class, even if that sector or sector class is inactive, provided that it has been inactive for less than 12 months. In this case, your qualification as a supervisor will be conditional on the reinstatement of your right to practise (s. 44 of the [Regulation respecting the issuance and renewal of representatives' certificates](#)).

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process this application.

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/>.

Information Centre

Toll-free : 1-877-525-0337

Québec City : 418-525-0337

Montréal : 514-395-0337

Part 1 – Information about future supervisor (in block letters)

☐ Ms. First name(s) Last name(s)
☐ Mr.

Client No. (10 digits) Date of birth

Mailing address

Civic No. Street

Municipality Province Postal code

Telephone E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Part 2 – Choice of sector or sector class

- | | |
|---|--|
| ☐ Insurance of persons | ☐ Damage insurance (personal-lines and commercial-lines) |
| ☐ Accident and sickness insurance | ☐ Personal-lines damage insurance |
| ☐ Group insurance of persons (insurance and annuities) | ☐ Commercial-lines damage insurance |
| ☐ Group insurance plans | ☐ Claims adjustment (personal-lines and commercial-lines) |
| ☐ Group annuity plans | ☐ Claims adjustment for personal-lines damage insurance |
| ☐ Mortgage brokerage | ☐ Claims adjustment for commercial-lines damage insurance |

Part 3 – Declaration

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1. In the past five years, have you been the subject of a disciplinary sanction imposed by a discipline committee established under the Act respecting the distribution of financial products and services or the Real Estate Brokerage Act or by the Court of Québec sitting in appeal of a decision issued by such a committee? ☐ Yes ☐ No
-
2. In the past five years, have you been struck off the roll by a disciplinary committee of a professional order? ☐ Yes ☐ No
-
3. Does your certificate carry conditions or restrictions or conditions imposed under section 218, 219 or 220 of An Act respecting the distribution of financial products and services affecting your ability to act as a supervisor? ☐ Yes ☐ No

Part 4 – Declaration of provided information

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

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c.A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access / AMF \(lautorite.qc.ca\)](https://www.lautorite.qc.ca/information-access).

Please do not delete this page when printing the form.

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Part 6 - Fees payable and payment must be printed on a single sheet of paper with no information on the reverse side.

Part 5 – Fees payable and payment
Client information

Client No. (10 digits)

☐ Ms.

First names(s)

Last name(s)

☐ Mr.

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:

☒ 48,00\$

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

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**.

☐ Money order

I authorize the AMF to charge the amount of * \$

to my credit card

Card No.:

☐ Visa

Expiry date
(Month / Year)

☐ Mastercard

Name of card holder
(in block letters)

☐ American Express

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

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