

Use this form to apply for a general attestation of the right to practise or an attestation for use outside Québec.

**Attestation outside Québec**

Document attesting to the active right to practise of a representative, firm or independent partnership in Québec in connection with an application made to an agency outside Québec. This document covers the most recent five years of active right to practise. This attestation is bilingual (French and English).

**General attestation**

Document attesting to and detailing the history of the right to practise of a representative, firm, independent partnership or independent representative (periods, sectors, ways to carry on business, decisions) in Québec for the period requested. Unless you indicate otherwise, the attestation will cover a maximum period of 10 years from the date your application is processed. This attestation is available in French only.

**The applicant is:**

A representative

A firm registered with the AMF

Other (e.g.: law firm)

Name of person or business

Client No. (10 digits) if applicable

**Name of person completing this application**

Mr. Ms.	First name	Last name
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Telephone	E-mail
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Signature	Date
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**E-mail address where you want to receive the attestation(s)**

E-mail

**YOU ARE APPLYING FOR AN ATTESTATION**

- For your own right to practise as a representative      Yes    No  
If so, please complete **SECTION 1**.
- For the right to practise of one or more representatives other than yourself      Yes    No  
If so, please complete **SECTION 1**.
- For the right to practise of a firm or independent partnership      Yes    No  
If so, please complete **SECTION 2**.

*More than one section may be completed for the same application.*

## SECTION 1 – REPRESENTATIVE(S) COVERED BY THIS APPLICATION

Please complete this section only if you answered “yes” to questions 1 or 2 on page 1.

### REPRESENTATIVE NO. 1

Client No. (10 digits)		NRD No. (6 digits)
Mr. Ms.	First name	Last name

Date of birth

Tick the type of attestation requested.	<b>Attestation outside Québec</b>	<b>General attestation</b>
		Period required (if other than the last 10 years): From _____ to _____

### REPRESENTATIVE NO. 2

Client No. (10 digits)		NRD No. (6 digits)
Mr. Ms.	First name	Last name

Date of birth

Tick the type of attestation requested.	<b>Attestation outside Québec</b>	<b>General attestation</b>
		Period required (if other than the last 10 years): From _____ to _____

### REPRESENTATIVE NO. 3

Client No. (10 digits)		NRD No. (6 digits)
Mr. Ms.	First name	Last name

Date of birth

Tick the type of attestation requested.	<b>Attestation outside Québec</b>	<b>General attestation</b>
		Period required (if other than the last 10 years): From _____ to _____

*Please note that a maximum of 3 representative attestations is accepted per application submitted.*

## SECTION 2 – FIRM OR INDEPENDENT PARTNERSHIP COVERED BY THIS APPLICATION

Please complete this section only if you answered “yes” to questions 1 or 3 on page 1.

Client No.  
(10 digits)

NRD No.  
(6 digits)

Name of business

Tick the type of  
attestation requested.

**Attestation outside Québec**

**General attestation**

Period required (if other than the last 10 years):

From

to

### FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024

**FEES PAYABLE FOR EACH ATTESTATION: \$103.00**

**An invoice will be e-mailed to you together with the attestation(s).**

**To pay using AMF E-Services**, choose *Client File* from the main menu, then *Statement of account* and *Payment*.

**To pay by mail**, complete the payment form available on the AMF website at [www.lautorite.qc.ca](http://www.lautorite.qc.ca) in the section *Professionals*.

**IF YOU WOULD LIKE THE INVOICE TO BE SENT TO A FIRM REGISTERED WITH THE AMF, PLEASE FILL  
IN THE SECTION BELOW AND HAVE IT SIGNED BY AN AUTHORIZED SIGNATORY OF THE FIRM.**

Name of firm

Client No.  
(10 digits) mandatory

I agree that the fees for this application will be invoiced to the above firm.

Mr.      First  
Ms.      name

Last  
name

Signature

Date

## SUBMITTING THE APPLICATION

Please submit this form using AMF E-Services. From the **Other** tab in the main menu, select **Other application/request**, then **Application for Attestation of Right to Practise** from the **Type of application/request** drop-down list.

If you are unable to use AMF E-Services, please mail your form to the following address:

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

**Forms sent to the AMF by e-mail or fax will not be accepted.**