

Before completing this form, please read the following carefully:

Use this form to apply for:

- a change of name
- a change of sex designation

You can submit this form by using AMF E-Services at www.lautorite.qc.ca in the section **Professionals**. After choosing the “Other” tab from the main E-Services menu, choose “Other application/request,” followed by “File update request.” Attach this form to your request.

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

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 \(lautorite.qc.ca\)](http://www.lautorite.qc.ca).

SECTION 1 – IDENTIFICATION

Client No. (10 digits)			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
Date of birth	____ / ____ / ____ year month day		

SECTION 2 – REQUESTED CHANGES
PART A - CHANGE OF NAME

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
New signature			

PART B - CHANGE OF SEX DESIGNATION

Sex designation requested	Male <input type="checkbox"/> Female <input type="checkbox"/>
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SECTION 3 – REQUIRED SUPPORTING DOCUMENTS
PART A - CHANGE OF NAME

	SUPPORTING DOCUMENTS
Change of name (1 document required)	<input type="checkbox"/> Certificate of name change issued by the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority
Professional liability insurance (1 document required) * Only for representatives who act for a firm without being an employee. The professional liability insurance must state the person's new name.	<input type="checkbox"/> Professional liability insurance endorsement <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Professional liability insurance contract

PART B - CHANGE OF SEX DESIGNATION

	SUPPORTING DOCUMENTS
Change of sex designation (1 document required)	<input type="checkbox"/> Change of sex designation certificate issued by the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority <input type="checkbox"/> Change of sex designation and name certificate the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority

SECTION 4 – FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024

The fee amount covers all changes requested on this form.

File study fee	\$47.00
TOTAL	\$47.00

SECTION 5 – DECLARATION ON INFORMATION PROVIDED
REPRESENTATIVE

I declare that the information provided in this form is accurate and complete. I also declare that I use my name as it appears on all my valid Canadian identity documents.

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Signature		Date	____ / ____ / ____ year month day	

PAYMENT SLIP			
CLIENT INFORMATION			
Client No. (10 digits)			
Mr. <input type="checkbox"/>	First name		Last name
Ms. <input type="checkbox"/>	name		
FEES PAYABLE (fees are non-refundable)			
Amount due: <u> \$47.00 </u>	If you are paying by credit card, please transfer this amount to the space indicated with a * hereinbelow. 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			
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Payment must be made to the order of the Autorité des marchés financiers and must be dated the day you mail this form.		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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: _____ / _____ / _____ day month year	

The AMF only accepts forms sent by **mail** and submitted through **AMF E-Services**.

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

Send your application form and supporting documents along with your payment to the following address:

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