

## AMF E-Services

Did you know? If you would rather submit your application on-line, you can do so via E-Services under the **Professionals** section of our website at [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

**Before completing this form, please read the following carefully.**

This form is for firms, independent partnerships and independent representatives **registered in the claims adjustment sector** to disclose information to the Autorité des marchés financiers (the "AMF") regarding non-certified employees who are carrying out or have carried out activities relating to claims adjustment under the supervision of a claims adjuster.

For the AMF, "non-certified employee" refers to:

1. a person domiciled in Canada who;
2. is employed by a firm, an independent partnership or a claims adjuster registered as an independent representative;
3. carries out one of the functions of a claims adjuster under the supervision of that independent representative or of a claims adjuster who acts on behalf of that firm or independent partnership;
4. solely by means of information technologies, carries out the function:
  - for the settlement of an automobile claim arising either from a claim provided for by the direct compensation agreement referred to in section 173 of the *Automobile Insurance Act*, CQLR, c. A-25, or from a glass breakage; OR
  - for the settlement of a claim not exceeding \$5,000.

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 (the "Act"), which is administered by the Commission d'accès à l'information.

## SECTION 1 – IDENTIFICATION

### INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		NEQ (10 digits)	
Name of business			
Civic No.		Street	Suite/ Unit
Municipality		Province	Postal code

Firm / Independent partnership / Independent representative

*Missing or incomplete information will delay processing of your application.*

SECTION 2 – INFORMATION ABOUT NON-CERTIFIED EMPLOYEES									
<b>NON-CERTIFIED EMPLOYEE NO. 1</b>									
First name							Last name		
Date of birth		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>							
Home address									
Civic No.				Street				Apt. / Unit	
Municipality				Province				Postal code	
Please indicate the date the non-certified employee began and/or ceased to carry out claims adjustment-related activities.									
Start date		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>		End date (if applicable)		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>			
<b>NON-CERTIFIED EMPLOYEE NO. 2</b>									
First name							Last name		
Date of birth		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>							
Home address									
Civic No.				Street				Apt. / Unit	
Municipality				Province				Postal code	
Please indicate the date the non-certified employee began and/or ceased to carry out claims adjustment-related activities.									
Start date		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>		End date (if applicable)		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>			
<b>NON-CERTIFIED EMPLOYEE NO. 3</b>									
First name							Last name		
Date of birth		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>							
Home address									
Civic No.				Street				Apt. / Unit	
Municipality				Province				Postal code	
Please indicate the date the non-certified employee began and/or ceased to carry out claims adjustment-related activities.									
Start date		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>		End date (if applicable)		<div> <div>year</div> <div>/</div> <div>month</div> <div>/</div> <div>day</div> </div>			

*If there are any other non-certified employees you need to disclose, please attach a copy of this page.*

## Important

*Note that this disclosure will be effective as of the time the AMF inputs the information in your file.*

SECTION 3 – DECLARATION REGARDING INFORMATION PROVIDED			
SIGNATURE OF RESPONSIBLE OFFICER OR PARTNER / AUTHORIZED SIGNATORY / INDEPENDENT REPRESENTATIVE			
<p>I declare that the information provided in this form is accurate and complete.</p> <p>I undertake to notify the AMF of any change to any information or document I have furnished to the AMF pertaining to a non-certified employee within 30 days of such change.</p>			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name
Signature		Date	____ / ____ / ____ year month day

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

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

Please send your form to:

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