

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

Use this form to request one or more of the changes listed below to your file.

You must complete **Part I “Identification”** and enter the requested changes in **Part 2**. Please refer to the **table in Part 3** for the supporting documents to be provided in each case.

**Your change concerns** (*tick all that apply*):

- Change of name (section A)
- Add / remove “Other names used in Québec” (section B)
- Change to account (section C)
  - Absence of separate account
  - Opening of separate account
  - Update of separate account
- Merger / acquisition (section D)

You can submit this form by using AMF E-Services at [www.lautorite.qc.ca](http://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.

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 1 – IDENTIFICATION**
**INFORMATION ON FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE**

Client No. (10 digits)		Québec enterprise number (NEQ) (10 digits)	
Name of business			

**PART 2 – CHANGE REQUESTED**

**SECTION A – CHANGE OF NAME**

Previous name	
New name	

**SECTION B – ADD / REMOVE “OTHER NAMES USED IN QUÉBEC”**

**ADD “OTHER NAME”**

Other name	
Other name	

**REMOVE “OTHER NAME”**

Other name	
Other name	

**SECTION C – CHANGE TO ACCOUNT**

- Schedule - Absence of separate account**  
If the business does not expect to receive or collect amounts on behalf of others.
- Schedule - Opening of separate account**  
If the business expects to receive or collect amount on behalf of others.
- Schedule - Update of separate account**  
If the business has made changes to its separate account.



**PART 3 – REQUIRED SUPPORTING DOCUMENTS**
**CHANGE OF NAME**

	SUPPORTING DOCUMENTS
<b>Separate account schedule</b> (1 document required)	<input type="checkbox"/> Schedule - Opening of Separate Account <input type="checkbox"/> Schedule - Absence of Separate Account <input type="checkbox"/> Schedule - Update of Separate Account
<b>Professional liability insurance</b> (1 document required)	<input type="checkbox"/> Professional liability insurance endorsement <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Professional liability insurance contract
<b>Declaration pertaining to professional liability insurance</b> (1 document required)  <i>* If deductible is higher than the amount prescribed by regulation.</i>	<input type="checkbox"/> Deductible exceeding the regulation limit
<b>Document from a firm or independent partnership</b> (1 document required)  <i>* Except for independent representatives and firms with only one officer, director, correspondent and authorized signatory.</i>	<input type="checkbox"/> Resolution of board of directors <input type="checkbox"/> Document signed by all directors regarding the name change
<b>Registre des entreprises du Québec (Québec enterprise register)</b> (1 document required)	<input type="checkbox"/> Updating declaration filed in the <a href="#">Registre des entreprises du Québec</a>

**ADD / REMOVE “OTHER NAMES USED IN QUÉBEC”**

	SUPPORTING DOCUMENTS
<b>Registre des entreprises du Québec (Québec enterprise register)</b> (1 document required)	<input type="checkbox"/> Updating declaration filed in the <a href="#">Registre des entreprises du Québec</a>

**CHANGE TO ACCOUNT**

	SUPPORTING DOCUMENTS
<b>Account schedule</b> (1 document required)	<input type="checkbox"/> Schedule - Opening of Separate Account <input type="checkbox"/> Schedule - Absence of Separate Account <input type="checkbox"/> Schedule - Update of Separate Account

**PART 4 – FEES FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024**

File study fee\* \$61.00

\* This fee covers all changes requested on this form.

<b>TOTAL</b>	<b>\$61.00</b>
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**PART 5 – INFORMATION DECLARATION**

**AUTHORIZED SIGNATORY**

I declare that the information in this form is accurate and complete.

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

