

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 <u>www.lautorite.qc.ca</u> 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	



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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.



FILE UPDATE

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SECTION D – MERGER / ACQUISITION
Please explain the transaction in detail. If you need more space, attach another page. An AMF analyst will contact you to finalize your file.

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PART 3 – REQUIRED SUPPORTING DOCUMENTS		
CHANGE OF NAME		
	SUPPORTING DOCUMENTS	
Separate account schedule (1 document required)	 Schedule - Opening of Separate Account Schedule - Absence of Separate Account Schedule - Update of Separate Account 	
Professional liability insurance (1 document required)	 Professional liability insurance endorsement Professional liability insurance certificate Professional liability insurance contract 	
Declaration pertaining to professional liability insurance (1 document required) * If deductible is higher than the amount prescribed by regulation.	Deductible exceeding the regulation limit	
Document from a firm or independent partnership (1 document required) * Except for independent representatives and firms with only one officer, director, correspondent and authorized signatory.	 Resolution of board of directors Document signed by all directors regarding the name change 	
Registre des entreprises du Québec (Québec enterprise register) (1 document required)	Updating declaration filed in the <u>Registre des</u> <u>entreprises du Québec</u>	

ADD / REMOVE "OTHER NAMES USED IN QUÉBEC"	
	SUPPORTING DOCUMENTS
Registre des entreprises du Québec (Québec enterprise register) (1 document required)	Updating declaration filed in the <u>Registre des</u> <u>entreprises du Québec</u>

CHANGE TO ACCOUNT	
	SUPPORTING DOCUMENTS
Account schedule (1 document required)	 Schedule - Opening of Separate Account Schedule - Absence of Separate Account Schedule - Update of Separate Account

DCI_changement-dossier-pm_Janvier 2024



File study fee*

FILE UPDATE

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

\$61.00

* This fee covers all changes requested on this form.

TOTAL	\$61.00
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PART 5 – INFORMATION DECLARATION			
AUTHORIZED SIGNATORY			
I declare that the information in this form is accurate and complete.			
Mr. 📮 Ms. 📮	First name	Last name	
Signature		Date	// year month day



PAYMENT SLIP		
CLIENT INFORMATION		
Client No. (10 digits)	Québec enterprise number (NEQ) (10 digits)	
Name of business		
FEES (These fees are n	on-refundable.)	
Amount due: \$ <u>61.00</u>	* If you are paying by credit card, carry this 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		
ChequeMoney order	Please make your payment to the order of the Autorité des marchés financiers and date it on the day you send your form.	
 Visa MasterCard 	I authorize the AMF to charge the amount of * \$ to my card.	
American Express	Card No.: / //	
	Expiry date: / month year	
	Name of cardholder (IN BLOCK LETTERS)	
	Signature of cardholder Date: / / /	

The AMF accepts forms sent by **regular mail** only. Forms sent by e-mail or fax will **not** 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

DCI_changement-dossier-pm_Janvier 2024