

Before completing this form, please read the following carefully:

Use this form to make the necessary changes to the business relationships disclosed to the Autorité des marchés financiers.

Please refer to the table in Part 3 for the supporting documents to be provided in each case.

You can name **only one correspondent** and **only one responsible officer or partner in Québec**. If you add a new correspondent or a new responsible officer (or partner) in Québec, the person currently shown in the firm's or independent partnership's file will be removed automatically.

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 – RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC (only one)
INFORMATION ABOUT THE RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC TO BE REMOVED

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

INFORMATION ABOUT THE RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC TO BE ADDED

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	First name		Last name	
N° de client (10 chiffres) (s'il y a lieu)		Date of birth: _____ / _____ / _____ year month day		
Is this person certified in Québec?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

HOME ADDRESS

Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		Cell			
E-mail					

If necessary, add a copy of this page.

SECTION B – CORRESPONDENT (only one)					
INFORMATION ABOUT THE CORRESPONDENT TO BE REMOVED					
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name		Last name	
Client No. (10 digits) (if applicable)			Date of birth: ____ / ____ / ____ year month day		
INFORMATION ABOUT THE CORRESPONDENT TO BE ADDED					
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name		Last name	
N° de client (10 chiffres) (s'il y a lieu)			Date of birth: ____ / ____ / ____ year month day		
HOME ADDRESS					
Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		Cell			
E-mail					

SECTION C – CORRESPONDENT'S ASSISTANT					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
IDENTIFICATION					
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name		Last name	
Client No. (10 digits) (if applicable)			Date of birth: ____ / ____ / ____ year month day		
HOME ADDRESS					
Civic No.		Street		Apt. / Unit	
Municipality		Province		Postal code	
Telephone		Cell			
E-mail					

If necessary, add a copy of this page.

SECTION G – SHAREHOLDER (LEGAL PERSON)					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
IDENTIFICATION					
Name of shareholder					
Client No. (10 digits) (if applicable)		NEQ (10 digits)			
MAIN ADDRESS					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone			E-mail		
TYPE OF BUSINESS (only if you add or modify a shareholder)					
<input type="checkbox"/> Insurer <input type="checkbox"/> Other registrant (firm, independent partnership or independent representative) <input type="checkbox"/> Other					

If necessary, add a copy of this page.

SECTION H – INSURER					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
IDENTIFICATION					
Name of insurer					
Client No. (10 digits)				NEQ (10 digits)	
MAIN ADDRESS					
Civic No. / P.O. Box		Street			Suite/ Unit
Municipality		Province		Postal code	
Telephone		E-mail			
TYPES OF AGREEMENTS WITH THIS INSURER (only if you add or modify an insurer)					
<input type="checkbox"/> Loan agreement <input type="checkbox"/> Service agreement <ul style="list-style-type: none"> <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan 			<input type="checkbox"/> Distribution agreement <input type="checkbox"/> General agent agreement <input type="checkbox"/> Wholesaler agreement <ul style="list-style-type: none"> <input type="checkbox"/> Brokerage activities <input type="checkbox"/> Underwriting activities <input type="checkbox"/> Other agreement: _____		
SECTOR(S) COVERED BY THESE AGREEMENTS (only if you add or modify an insurer)					
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Damage insurance		<input type="checkbox"/> Financial planning	
<input type="checkbox"/> Group insurance of persons		<input type="checkbox"/> Claims adjustment			

If necessary, add a copy of this page.

SECTION I – OTHER REGISTRANT					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
IDENTIFICATION					
Name of registrant					
Client No. (10 digits)		NEQ (10 digits)			
MAIN ADDRESS					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS OTHER REGISTRANT (only if you add or modify an other registrant)					
<input type="checkbox"/> Service agreement <ul style="list-style-type: none"> <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan 			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		
SECTOR(S) COVERED BY THESE AGREEMENTS (only if you add or modify an other registrant)					
<input type="checkbox"/> Insurance of persons <input type="checkbox"/> Group insurance of persons		<input type="checkbox"/> Damage insurance <input type="checkbox"/> Claims adjustment		<input type="checkbox"/> Financial planning <input type="checkbox"/> Mortgage brokerage	

If necessary, add a copy of this page.

SECTION J – GENERAL AGENT				
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY				
IDENTIFICATION				
Name of general agent				
Client No. (10 digits)		NEQ (10 digits)		
MAIN ADDRESS				
Civic No. / P.O. Box		Street		Suite/ Unit
Municipality		Province		Postal code
Telephone			E-mail	
SECTOR(S) COVERED BY THIS AGREEMENT (only if you add or modify a general agent)				
<input type="checkbox"/> Insurance of persons		<input type="checkbox"/> Group insurance of persons		

SECTION K – WHOLESALER				
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY				
IDENTIFICATION				
Name of wholesaler				
Client No. (10 digits)		NEQ (10 digits)		
MAIN ADDRESS				
Civic No. / P.O. Box		Street		Suite/ Unit
Municipality		Province		Postal code
Telephone			E-mail	

If necessary, add a copy of this page.

SECTION L – MORTGAGE LENDER (LEGAL PERSON)					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
Name of lender					
NEQ (10 digits)					
MAIN ADDRESS OF MORTGAGE LENDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS LENDER					
<input type="checkbox"/> Service agreement <ul style="list-style-type: none"> <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan 			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

If necessary, add a copy of this page.

SECTION M – MORTGAGE LENDER (NATURAL PERSON)					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
Name of lender					
MAIN ADDRESS OF MORTGAGE LENDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS LENDER					
<input type="checkbox"/> Service agreement <ul style="list-style-type: none"> <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan 			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

If necessary, add a copy of this page.

SECTION N – OACIQ REAL ESTATE LICENCE HOLDER (LEGAL PERSON)					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
Name of real estate agency					
OACIQ licence No.		NEQ (10 digits)			
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone		E-mail			
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER					
<input type="checkbox"/> Service agreement <ul style="list-style-type: none"> <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan 			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

If necessary, add a copy of this page.

SECTION O – OACIQ REAL ESTATE LICENCE HOLDER (NATURAL PERSON)					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
Name of real estate broker					
OACIQ licence No.					
MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
TYPES OF AGREEMENTS WITH THIS REAL ESTATE LICENCE HOLDER					
<input type="checkbox"/> Service agreement <ul style="list-style-type: none"> <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan 			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

If necessary, add a copy of this page.

SECTION P – MORTGAGE BROKERAGE – OTHER BUSINESS, IN PARTICULAR CONSTRUCTION CONTRACTOR					
YOU WANT TO: <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> MODIFY					
Name of business					
NEQ (10 digits)					
MAIN ADDRESS OF OTHER BUSINESS					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone			E-mail		
INDUSTRY SECTOR OF THE OTHER BUSINESS					
Please specify the industry sector of the business with which your firm has a relationship in connection with its mortgage brokerage activities governed by the <i>Act respecting the distribution of financial products and services</i> (e.g., construction, data storage). _____ _____					
TYPES OF AGREEMENTS WITH THIS OTHER BUSINESS					
<input type="checkbox"/> Service agreement <ul style="list-style-type: none"> <input type="checkbox"/> Internet site/server hosting <input type="checkbox"/> Administration <input type="checkbox"/> Equipment supply <input type="checkbox"/> Premises leasing <input type="checkbox"/> Staff loan 			<input type="checkbox"/> Distribution agreement <ul style="list-style-type: none"> <input type="checkbox"/> Loan agreement <input type="checkbox"/> Commission sharing agreement <input type="checkbox"/> Franchise agreement <input type="checkbox"/> Client referral <input type="checkbox"/> Other agreement: _____ 		

PART 3 – REQUIRED SUPPORTING DOCUMENTS

SECTION A – ADD RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC

	SUPPORTING DOCUMENTS
<p>Separate account schedule (1 document required)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule – Absence of Separate Account <input type="checkbox"/> Schedule – Opening of Separate Account
<p>Declaration of officers and directors or partners (1 document required)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule – Declaration of Officers and Directors or Partners
<p>Document from a firm or independent partnership (1 document required)</p> <p><i>* Except for firms with only one officer, director, correspondent and authorized signatory.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Document signed by all directors or partners confirming the appointment of the responsible officer or partner in Québec, the correspondent, the correspondent’s assistant and the authorized signatories <input type="checkbox"/> Board resolution
<p>Education and experience (1 document required)</p> <p><i>* Only if the new responsible officer is not certified in Québec.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Curriculum vitæ <i>(The AMF reserves the right to require the officer to write certain exams despite the recognition of the officer’s experience.)</i>
<p>Certification in another province (1 document required)</p> <p><i>* Only if the new responsible officer resides outside Québec, if he is not certified in Québec and does not have any financial services experience in Québec but does have this experience in his province of residence.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Letter explaining how the responsible officer intends to manage the firm’s operations in Québec <i>(The letter must contain specific information about the frequency of visits and conference calls.)</i>
<p>Declaration related to responsible officers in mortgage brokerage firms (1 document required)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule – related to responsible officers in mortgage brokerage firms

SECTIONS B, C AND D – ADD / REMOVE CORRESPONDENT / CORRESPONDENT’S ASSISTANT / AUTHORIZED SIGNATORY

	SUPPORTING DOCUMENTS
Document provided by the firm or independent partnership (1 document required) <i>* Except for firms with only one officer, director, correspondent and authorized signatory.</i>	<input type="checkbox"/> Document signed by all directors with respect to addition or removal of correspondent, correspondent’s assistant or authorized signatory. <input type="checkbox"/> Letter signed by the responsible officer <input type="checkbox"/> Board resolution

SECTION E – ADD / REMOVE DIRECTOR OR PARTNER

	SUPPORTING DOCUMENTS
Declaration of officers and directors or partners (1 document required) <i>* For additions only.</i>	<input type="checkbox"/> Schedule – Declaration of Officers and Directors or Partners

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

File study fee (sections A to E)	\$61.00 *
File study fee (sections F to P)	\$0.00

* This fee covers all changes requested in these sections.

TOTAL	\$0.00 OR \$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. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Signature			Date	____ / ____ / ____ year month day

