



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											
INFORMATIO	INFORMATION ON FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE										
Client No. (10 digits)		Québec enterprise number (NEQ) (10 digits)									
Name of busin	Name of business										

PART 2 – C	PART 2 – CHANGE REQUESTED										
SECTION A -	RESPONSIBL	E OFFICER OR		N QUÉBEC	C (only one)						
INFORMATION A	INFORMATION ABOUT THE RESPONSIBLE OFFICER OR PARTNER IN QUÉBEC TO BE REMOVED										
Mr. 🖵 Fi Ms. 🖵	irst name			Last name	ne						
Client No. (10 c (if applicable)	digits)			Date of bi	irth: / / day						
INFORMATION A	ABOUT THE RESP		R OR PARTNER I		TO BE ADDED						
Mr. 🖵 Fi Ms. 🖵	irst name			Last name	ne						
N° de client (10 (s'il y a lieu)	0 chiffres)			Date of bi	irth: / / day						
Is this person	certified in Qué	bec?		Yes 🖵	No 🖵						
HOME ADDRESS	S										
Civic No.		Street			Apt. / Unit						
Municipality			Pi	rovince	Postal code						
Telephone			C	ell							
E-mail											



If necessary, add a copy of this page.

SECTION B -	ECTION B – CORRESPONDENT (only one)										
INFORMATION A	ABOUT THE C	ORRESPO	NDENT TO	BE REMOVED	D						
Mr. 🖵 Fi Ms. 🖵	irst name					Last nam	ne				
Client No. (10 c (if applicable)	digits)					Date of b	oirth: year	/ month	_ / day		
	ABOUT THE C	ORRESPO	NDENT TO	BE ADDED							
Mr. 🖵 Fi Ms. 🖵	irst name					Last nam	ne				
N° de client (10 (s'il y a lieu)	0 chiffres)					Date of birth: / / / day					
HOME ADDRES	s										
Civic No.			Street						Apt. / Unit		
Municipality					Pr	ovince		Posta	al code		
Telephone					Ce	ell					
E-mail											

SECTION C -	SECTION C – CORRESPONDENT'S ASSISTANT											
YOU WANT TO:	🖬 ADD	🖬 REMO	VE C									
IDENTIFICATION												
Mr. 🖵 Fi Ms. 🖵	irst name				Last nar	ne						
Client No. (10 digits) Date of birth: / / / / (if applicable) Jate of birth: / /												
HOME ADDRES	S											
Civic No.			Street					Apt. / Unit				
Municipality					Province		Postal	l code				
Telephone					Cell							
E-mail												

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Page 2 of 17 Website: <u>www.lautorite.qc.ca</u>



If necessary, add a copy of this page.

SECTION D -	SECTION D – AUTHORIZED SIGNATORY NO. 1										
YOU WANT TO:	🖬 ADD	REMO	VE								
IDENTIFICATION	DENTIFICATION										
Mr. 🖵 Fi Ms. 🖵	rst name					Last nan	ne				
Client No. (10 digits) Date of birth: / / / / (if applicable) Jate of birth: / /											
HOME ADDRESS	S										
Civic No.			Street							Apt. / Unit	
Municipality					Pi	rovince			Posta	al code	
Telephone					С	ell					
E-mail											

SECTION D -	SECTION D – AUTHORIZED SIGNATORY NO. 2										
YOU WANT TO:		REMO	VE 🕻								
IDENTIFICATION											
Mr. 🖵 Fi Ms. 🖵	irst name				Last na	ne					
Client No. (10 digits) Date of birth: / / / (if applicable) Jate of birth: / /											
HOME ADDRESS	s										
Civic No.			Street					Apt. / Unit			
Municipality					Province		Posta	l code			
Telephone					Cell						
E-mail											



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If necessary, add a copy of this page.

SECTION E	SECTION E – DIRECTOR OR PARTNER NO. 1										
	You want to: ADD REMOVE MODIFY (this change must also be made in the <u>Registre des entreprises du Québec</u>)										
IDENTIFICATIO	IDENTIFICATION										
Mr. 🖵 Ms. 🖵 F	First name				Last nan	me					
Client No. (10 (if applicable)	birth: / /										
HOME ADDRES	SS										
Civic No.			Street			Apt. / Unit					
Municipality				Р	rovince	Postal code					
Telephone				С	ell						
E-mail											

SECTION E -	SECTION E – DIRECTOR OR PARTNER NO. 2										
	You want to: ADD REMOVE MODIFY (this change must also be made in the <u>Registre des entreprises du Québec</u>)										
IDENTIFICATION	N										
Mr. 📮 F Ms. 📮	irst name				Last nan	ne					
Client No. (10 (if applicable)	digits)				Date of birth: / / /						
HOME ADDRES	S										
Civic No.			Street				Apt. / Unit				
Municipality					Province		Postal code				
Telephone					Cell						
E-mail											

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SECTION F – SHAREHOLDER (NATURAL PERSON)										
YOU WANT TO:			Е 🔲 МОГ	DIFY						
IDENTIFICATION	N									
Mr. 🖵 Ms. 🖵 Fi	irst name					Last	name			
Client No. (10 o (if applicable)	digits)					Date	of birth y		/ onth day	
HOME ADDRES	s									
Civic No.			Street						Apt./ Unit	
Municipality				_	Provir	nce		Postal	code	
Telephone			Cell				E-mail			
RELATIONSHIPS	S WITH OTHE	R ENTITIES (C	only if you ac	ld or m	odify a	share	holder)			
Is this shareho	older an offi	cer or emplo	oyee of an in	surer?		Ye	es 🖵 No			
If so, please s Name of insur Name of insur	er:			(
Is this shareho	older an offi	cer or emplo	oyee of anoth	her reg	jistrant	? Ye	es 🖬 No			
Name of regis	If so, please specify: I Officer or Employee Name of registrant: Client No. with the AMF: Name of registrant: Client No. with the AMF:									

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SECTION G -	SHARE	IOLDER (L	EGAL PERS	ON)					
YOU WANT TO:	🖬 ADD	REMO	VE 🖬 ма	DDIFY					
IDENTIFICATION	I								
Name of share	holder								
Client No. (10 c (if applicable)	ligits)				NEQ (10 digit	ts)			
MAIN ADDRESS									
Civic No. / P.O. Box			Street					Suite/ Unit	
Municipality			Province			Postal	code		
Telephone					E-mail				
TYPE OF BUSIN	E SS (only	if you add o	r modify a sh	arehold	er)				
lnsurer									
Other regist	rant (firm,	independe	nt partnershi	p or inde	ependent rep	resentat	ive)		
Other									



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If necessary, add a copy of this page.

SECTION H -	SECTION H – INSURER									
YOU WANT TO:		🖵 REMO	VE Ц МО	DDIFY						
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 AGRE	EEMENTS V	VITH THIS INS	SURER (only if	you add	d or modify ar	n insure	r)			
Loan agree	ement				Distribut	ion agre	ement			
Service agi	reement				General	agent a	greeme	ent		
🖵 Interne	et site/ser	ver hosting			Wholesa	aler agre	ement			
_	istration				🖵 Bro	kerage a	activities	S		
	ment supp	•			🖵 Und	derwritin	g activit	ties		
 Premises leasing Staff loan Other agreement:										
SECTOR(S) COV	/ERED BY ⁻	THESE AGRE	EMENTS (only	[,] if you a	dd or modify	an insu	rer)			
Insurance of the second sec	of persons		🖵 Dai	mage ins	surance			Financia	al planning	g
	Insurance of personsDamage insuranceFinancial planningGroup insurance of personsClaims adjustment									

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If necessary, add a copy of this page.

SECTION I - O	SECTION I – OTHER REGISTRANT										
YOU WANT TO:		D 🛛 REMO	VE 🖬 MO	ODIFY							
IDENTIFICATION	I										
Name of regist	trant										
Client No. (10 c	Client No. (10 digits) NEQ (10 digits)										
MAIN ADDRESS	MAIN ADDRESS										
Civic No. / P.O. Box			Street						Suite/ Unit		
Municipality			Province			Posta	al code				
Telephone					E-mail						
TYPES OF AGRE	EEMENTS	WITH THIS OT	HER REGISTR	ANT (onl	y if you add o	or modi	fy an othe	er registra	nt)		
TYPES OF AGREEMENTS WITH THIS OTHER REGISTRANT (only if you add or modify an other registrant) Service agreement Internet site/server hosting Administration Equipment supply Premises leasing Staff loan											
SECTOR(S) COV	SECTOR(S) COVERED BY THESE AGREEMENTS (only if you add or modify an other registrant)										
Insurance of the second sec	of perso	ns	🖵 Da	mage in	surance			Financia	al planning	l	
Group insu											

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If necessary, add a copy of this page.

SECTION J -	SECTION J – GENERAL AGENT									
YOU WANT TO:		🖬 REMO	VE 🖬 MO	DDIFY						
IDENTIFICATION										
Name of gene	ral agent									
Client No. (10 c	ligits)				NEQ (10 digit	s)				
MAIN ADDRESS	MAIN ADDRESS									
Civic No. / P.O. Box			Street						Suite/ Unit	
Municipality			Province			Posta	al code			
Telephone					E-mail					
SECTOR(S) COVERED BY THIS AGREEMENT (only if you add or modify a general agent)										
Insurance of	of persons		🖵 Grou	p insura	ance of perso	ns				

SECTION K -	SECTION K – WHOLESALER									
YOU WANT TO:			е 🖬 ма	DDIFY						
IDENTIFICATION	IDENTIFICATION									
Name of whole	esaler									
Client No. (10 d	ligits)	gits) NEQ (10 digits)								
MAIN ADDRESS	;									
Civic No. / P.O. Box			Street						Suite/ Unit	
Municipality			Province			Posta	l code			
Telephone		· · · ·			E-mail					



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If necessary, add a copy of this page.

SECTION L -	SECTION L – MORTGAGE LENDER (LEGAL PERSON)								
YOU WANT TO:									
Name of lende	Name of lender								
NEQ (10 digits)									
MAIN ADDRESS	OF MOR	TGAGE LENDE	R						
Civic No. / P.O. Box			Street					Suite/ Unit	
Municipality			Province			Postal code			
Telephone					E-mail				
TYPES OF AGRE	EMENTS	WITH THIS LE	NDER			•			
Service agre	eement				Distributi	on agreement			
📮 Intern	et site/s	erver hosting	J		Loan agr	reement			
🖵 Admir	nistratio	n				sion sharing agr	eement		
Equipment supply					Granchise agreement				
	ses lea	sing			Client referral				
Staff I	oan				Other ag	reement:			

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If necessary, add a copy of this page.

SECTION M -	SECTION M – MORTGAGE LENDER (NATURAL PERSON)								
YOU WANT TO:									
Name of lender	Name of lender								
MAIN ADDRESS	MAIN ADDRESS OF MORTGAGE LENDER								
Civic No. / P.O. Box			Street					Suite/ Unit	
Municipality			Province			Postal code			
Telephone					E-mail				
TYPES OF AGREE	EMENTS	WITH THIS LE	NDER						
Service agre	ement				Distribution agreement				
🖵 Interne	et site/s	erver hosting	I		Loan agr	reement			
📮 Admin	istratio	า				sion sharing agr	eement		
🖵 Equipr	nent su	ipply		Generation Franchise agreement					
Premis		sing			Client referral				
Staff Ic	ban				Giller Other ag	reement:			

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SECTION N -	SECTION N – OACIQ REAL ESTATE LICENCE HOLDER (LEGAL PERSON)										
YOU WANT TO:			REMOVE	Е 🗆 МС	DIFY						
Name of real e	state a	agency									
OACIQ licence	No.					NEQ (10 digi	ts)				
MAIN ADDRESS	MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER										
Civic No. / P.O. Box				Street						Suite/ Unit	
Municipality			I	Province			Posta	al code			
Telephone						E-mail					
TYPES OF AGRE	EMEN	IS WITH TH	HIS REA	L ESTATE LIC	CENCE H	OLDER	-				
Service agre	eemen	ıt				Distributi	on agr	eement			
🖵 Intern	et site	/server h	osting			Loan agr	eemei	nt			
📮 Admir	nistrati	on				Commiss	sion sh	aring agre	eement		
Equipment supply						Franchis	e agre	ement			
	ses le	asing				Client referral					
Staff I	oan					Other ag	reeme	nt:			

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If necessary, add a copy of this page.

SECTION O -	SECTION O – OACIQ REAL ESTATE LICENCE HOLDER (NATURAL PERSON)									
YOU WANT TO:			REMOVE	Е 🗆 мо	DIFY					
Name of real e	state bi	roker								
OACIQ licence	licence No.									
MAIN ADDRESS	MAIN ADDRESS OF OACIQ REAL ESTATE LICENCE HOLDER									
Civic No. / P.O. Box			5	Street					Suite/ Unit	
Municipality			F	Province			Postal code			
Telephone						E-mail				
TYPES OF AGRE	EMENTS	S WITH TH	IIS REAL	L ESTATE LIC	CENCE H	OLDER				
Service agre	ement					🖵 Distributi	on agreement			
🖵 Interne	et site/s	server ho	osting			🖵 Loan agr	eement			
🖵 Admir	istratio	n				Commiss	sion sharing agr	eement		
Equipment supply						□ Franchise agreement				
	ses lea	sing				Client referral				
Staff I	oan					☐ Other ag	reement:			

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If necessary, add a copy of this page.

SECTION P – M CONTRACTOR	SECTION P – MORTGAGE BROKERAGE – OTHER BUSINESS, IN PARTICULAR CONSTRUCTION CONTRACTOR								
You want to:			VE 🗆 МС	DIFY					
Name of busines	S								
NEQ (10 digits)									
MAIN ADDRESS O	OTHER	BUSINESS							
Civic No. / P.O. Box			Street			-	_	Suite/ Unit	
Municipality			Province			Postal code			
Telephone					E-mail				
INDUSTRY SECTOR OF THE OTHER BUSINESS									
mortgage broker	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 AGREE	MENTS W	ITH THIS OT	HER BUSINES	S					
Service agree		ver hosting]		Distributi	ion agreement reement			
🖵 Adminis	inistration			Commis	sion sharing agr	eement			
Equipm		•				e agreement			
Premise		ig							
					Uther ag	reement:			

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PART 3 – REQUIRED SUPPORTING DOC	UMENTS
SECTION A - ADD RESPONSIBLE OFFICER OR F	PARTNER IN QUÉBEC
	SUPPORTING DOCUMENTS
Separate account schedule	Schedule – Absence of Separate Account
(1 document required)	Schedule – Opening of Separate Account
Declaration of officers and directors or partners	Schedule – Declaration of Officers and Directors or
(1 document required)	Partners
Document from a firm or independent partnership	Document signed by all directors or partners confirming the appointment of the responsible officer
(1 document required)	or partner in Québec, the correspondent, the correspondent's assistant and the authorized signatories
* Except for firms with only one officer, director, correspondent and authorized signatory.	Board resolution
Education and experience	Curriculum vitæ
(1 document required)	(The AMF reserves the right to require the officer to write certain exams despite the recognition of the
* Only if the new responsible officer is not certified in Québec.	officer's experience.)
Certification in another province	Letter explaining how the responsible officer intends to manage the firm's operations in Québec
(1 document required)	(The letter must contain specific information about
* 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.	the frequency of visits and conference calls.)
Declaration related to responsible officers in mortgage brokerage firms (1 document required)	Schedule – related to responsible officers in mortgage brokerage firms

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SECTIONS B, C AND D – ADD / REMOVE CORRESPONDENT / CORRESPONDENT'S ASSISTANT / AUTHORIZED SIGNATORY					
	SUPPORTING DOCUMENTS				
Document provided by the firm or independent partnership Document signed by all directors with respect to addition or removal of correspondent, correspondent's assistant or authorized signatory. Letter signed by the responsible officer Board resolution SECTION E – ADD / REMOVE DIRECTOR OR PARTNER					
	SUPPORTING DOCUMENTS				
Declaration of officers and directors or partners (1 document required)	Schedule – Declaration of Officers and Directors or Partners				
* For additions only.					

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				

TOTAL

* This fee covers all changes requested in these sections.

PART 5 – INFORMATION DECLARATION							
AUTHORIZED SIGNATORY							
I declare th	at the information in	his form is accurate and com	plete.				
Mr. 🖵 Ms. 🖵	First name		Last name				
Signature			Date	/ / year month day			

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PAYMENT SLIP						
CLIENT INFORMATION						
Client No. (10 digits)	Québec enterprise number (NEQ) (10 digits)					
Name of business						
FEES (These fees are no	on-refundable.)					
Amount due: \$	* 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						
 Cheque Money order 	Please make your payment to the order of the Autorité des marchés financiers and date it on the day you send your form.					
VisaMasterCard	I authorize the AMF to charge the amount of * \$ to my card.					
American Express	Card No.: / / Expiry date: / year					
	Name of cardholder (IN BLOCK LETTERS)					
	Signature of cardholder Date: / / / day month					

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

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