

Before completing this form, please read the following carefully:

Use this form for the annual renewal of your representative's certificate and maintenance of your registration as an independent representative.

If you do not wish to renew your certificate, you must complete parts 1, 2, and 5 only. You must also complete the *Withdrawal from sector or withdrawal of registration* form available on the AMF website at [Forms - Firms, independent representatives and partnerships | AMF \(lautorite.qc.ca\)](#).

Please complete and return this form **15 days before your certificate expires**, together with the required supporting documents and payment.

AS A CERTIFIED REPRESENTATIVE:

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your request.

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c. A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access | AMF \(lautorite.qc.ca\)](#).

AS AN INDEPENDENT REPRESENTATIVE:

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 ABOUT THE REPRESENTATIVE

Client No. (10 digits)					
Mr. <input type="checkbox"/>	First name			Last name	
Ms. <input type="checkbox"/>					
HOME ADDRESS					
Civic No.		Street		Suite / Unit	
Municipality			Province		Postal code
Personal telephone			Business telephone		
Cell phone			Fax		
E-mail					
MAILING ADDRESS			Same as home address <input type="checkbox"/>		
Civic No. / P.O. Box		Street		Suite / Unit	
Municipality			Province		Postal code

PART 2 – CHOICE OF SECTORS OR SECTOR CLASSES TO RENEW

Please specify the sectors or sector classes you wish to renew.

If you do not wish to renew your certificate, complete the *Close file* section and go directly to *Part 5 - Declaration on information provided*.

CLOSE FILE

I wish to close my representative's file. Therefore, I will not be renewing my certificate.

SECTORS OR SECTOR CLASSES OF CERTIFICATE

SECTORS OR SECTOR CLASSES	RENEWAL
Group insurance of persons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group insurance plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Group annuity plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance of persons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accident and sickness insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Damage insurance broker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal-lines damage insurance broker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial-lines damage insurance broker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Damage insurance agent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal-lines damage insurance agent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial-lines damage insurance agent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claims adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claims adjustment in personal-lines damage insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claims adjustment in commercial-lines damage insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage brokerage	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3 – DECLARATIONS

DECLARATION PERTAINING TO PROFESSIONAL LIABILITY INSURANCE

1. Since the last renewal of your representative's certificate, have you changed insurers for your professional liability insurance? Yes No

➤ *If you answered "yes", please provide the following information for each insurance policy you hold:*

Insurer (Name or client No.)	Policy No.	Policy certificate No.

2. Since the last renewal of your representative's certificate, have you maintained professional liability insurance at all times? Yes No

➤ *If you answered "no", please explain when and why you did not maintain professional liability insurance (period without coverage, causes and circumstances, etc.):*

➤ *If you answered "yes", please answer the following question:*

Is this insurance consistent with the requirements set out in section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2?

Yes No

Please refer to our [Professional liability insurance](#) web page for the regulatory requirements.

GENERAL DECLARATION

Please answer all of the questions below. Depending on your answers, you may be required to submit additional supporting documents.

“Since your last declaration” means any declaration you have previously submitted to the AMF as a candidate or certified representative under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2.

Important: You must notify the AMF of any change to the information or a document furnished within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), within 30 days of such change.

1. Since your last declaration, have you begun to pursue activities other than those arising from a right to practise granted by the AMF (“outside activities”) constituting a provision of finance-related services or requiring the segregation of clienteles? Yes No

For further details, visit our [Activities to be declared \(Outside activities\)](#) web page.

- If you answered “yes”, please complete and submit the **Declaration of an outside activity form**.

2. Are you a member of the Ordre des administrateurs agréés du Québec? Yes No

- If you answered “yes”, please answer the following question:

What is your membership number? _____

3. Since your last declaration: Yes No

- have you been convicted of an offence or a criminal act by a Canadian or foreign court

or

- have you been the subject of a civil suit related to your activities as a representative

or

- has a disciplinary sanction been imposed on you by a disciplinary committee or by a body in Québec or in another province or another state that is responsible for supervising and monitoring persons acting as representatives?

You must answer “yes” to this question if you have been granted an absolute or conditional discharge under the Criminal Code, RSC 1985, c. C-46. However, you do not need to answer “yes” if you were found not guilty or the charges against you were withdrawn.

- If you answered “yes”, please complete and submit the **Statement of Guilt form**.

4. Are you in default of paying any outstanding fines, costs and interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee, or are you in default of paying fines for an offence committed under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the *Real Estate Brokerage Act*, CQLR, c. C-73.2; the *Securities Act*, CQLR, c. V-1.1, or the *Professional Code*, CQLR, c. C-26? Yes No

5. Since your last declaration, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been sanctioned by a disciplinary committee or by a body in Québec or in another province or jurisdiction that is responsible for supervising and monitoring persons acting as representatives in a sector or a category governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2 or the *Securities Act*, CQLR, c. V-1.1? Yes No

You do not have to answer “yes” to this question if the decision was issued by the AMF, as the AMF already has this information on file.

➤ *If you answered “yes”, please answer the following questions:*

- Decision No.: _____
- Date: _____
- Decision maker's name: _____
- Sector or category: _____

6. Since your last declaration, have you filed for bankruptcy, made an assignment of your property or been placed under a receiving order pursuant to the *Bankruptcy and Insolvency Act*, RSC 1985, c. B-3? Yes No

You do not have to answer “yes” to this question where a proposal was accepted by the creditors and the court.

➤ *If you answered “yes”, please complete and submit the **Statement of Bankruptcy form**.*

7. Are you under protective supervision in the form of a tutorship, curatorship or adviser? Yes No

Protective supervision is a mechanism provided for by law to protect persons who are under a legal disability. A supervisor is not considered a tutor, curator or adviser.

8. Since your last declaration, have you been a director, officer or partner of a firm or partnership whose registration was cancelled under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2 or the *Securities Act*, CQLR, c. V-1.1? Yes No

DECLARATION RELATED TO PROFESSIONAL PRACTICE

Please answer all of the questions below. Depending on your answers, you may be required to submit additional supporting documents.

Important: You must notify the AMF of any change to the information or a document furnished in connection with your registrant file (independent representative) within 30 days of such change.

1. Do you use a business name (“doing business as”)? Yes No
 - If you answered “yes”, please indicate it:

2. Do you receive or collect funds on behalf of others (e.g., for an insurer or a client)? Yes No
 - If you answered “yes”, you must hold these funds in a separate account or in trust.

3. Do you have one or more separate or in-trust accounts? Yes No
 - If you answered “yes”, for each account, please indicate:
 - Type of account:
 - savings
 - chequing
 - other: _____
 - Account No.: _____
 - Name of financial institution: _____

4. Do you hold one or more loans with one or more insurers or mortgage lenders? Yes No
 - If you answered “yes”, in the **Manage Business Relationships** form, please check “loan agreement” in an “Insurer” or “Mortgage lender” business relationship field for each of these insurers or mortgage lenders.

5. Do you hold one or more loans with one or more registrants¹? Yes No
 - If you answered “yes”, in the **Manage Business Relationships** form, please check “loan agreement” in an “Other registrant” business relationship field for each of these registrants.

6. Do you share commissions with one or more businesses registered² with the AMF? Yes No
 - If you answered “yes”, in the **Manage Business Relationships** form, please check “Commission sharing agreement” in an “Other registrant” business relationship field for each of these businesses.

¹ A registrant within the meaning of the *Act respecting the distribution of financial products and services* is a firm, independent partnership or independent representative.

² A registered business is any business registered under the *Act respecting the distribution of financial products and services* or the *Securities Act* (as a mutual fund or scholarship plan dealer).

7. Do you share commissions with a broker or agency governed by the *Real Estate Brokerage Act*, CQLR, c. C-73.2? Yes No
- *If you answered “yes”, in the **Manage Business Relationships** form, please check “Commission sharing agreement” in the “Holder of an OACIQ real estate licence” business relationship field for each of these natural or legal persons.*
8. Do you share commissions with one or more businesses other than those mentioned in questions 6 and 7? Yes No
9. Do you have agreements with client referral agents³ or did you pay money to such agents during the year ended last December 31? Yes No
10. Do you have agreements with one or more insurers or mortgage lenders for server and/or Internet site hosting, administration services, equipment supply, premises leasing or staff loans? Yes No
- *If you answered “yes”, in the **Manage Business Relationships** form, please check these agreements in an “Insurer” or “Mortgage lender” business relationship field for each of these insurers or mortgage lenders.*
11. Do you have agreements with one or more registrants for server and/or Internet site hosting, administration services, equipment supply, premises leasing or staff loans? Yes No
- *If you answered “yes”, in the **Manage Business Relationships** form, please check these agreements in an “Other registrant” business relationship field for each of these registrants.*
12. Do you have a business continuity plan? Yes No
- *If you answered “yes”, when was it last revised? _____*

³ A client referral is defined as the act of referring a client to a representative who holds a certificate or a person registered under the *Act respecting the distribution of financial products and services*. See Notice on client referrals under the *Act respecting the distribution of financial products and services*; available in French only (*Avis relatif à l'indication de clients en application de la Loi sur la distribution de produits et services financiers*).

13. Do you charge your clients policy fees, trading fees, professional fees, compensation or administrative fees (any fees other than premiums or rates)? Yes No

➤ *If you answered "yes", for what categories of products or services?*

- Insurance of persons
- Accident and sickness insurance
- Group insurance of persons
- Group annuity plans
- Personal-lines damage insurance
- Commercial-lines damage insurance
- Personal-lines claims adjustment
- Commercial-lines claims adjustment
- Financial planning
- Mortgage brokerage

14. Do you have clients who no longer have a home address in Québec? Yes No

➤ *If you answered "yes", what categories of products or services do you hold or offer?*

- Insurance of persons
- Accident and sickness insurance
- Group insurance of persons
- Group annuity plans
- Personal-lines damage insurance
- Commercial-lines damage insurance
- Personal-lines claims adjustment
- Commercial-lines claims adjustment
- Financial planning
- Mortgage brokerage

15. Do you have partnerships with the following businesses?

- Automobile dealers Yes No
- Aggregators (premium comparison websites) Yes No
- Call centres / telemarketing Yes No
- Real estate agencies or brokers Yes No

DECLARATION PERTAINING TO DAMAGE INSURANCE (if applicable)

1. Did you sell damage insurance products in Québec during the year ended last December 31? Yes No

➤ If you answered “yes”, please fill out the following table by indicating the business volume placed with insurers for which you sold products. Provide information only for insurers representing at least 10% of your business volume in Québec by type of product.

Insurer (Client name and No.)	Personal-lines automobile (Premium volume)	Personal-lines home (Premium volume)	Commercial-lines (Premium volume)	Other products (Premium volume)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

➤ In the **Manage Business Relationships** form, please check “Distribution agreement” in an “Insurer” business relationship field for each insurer with which you have such an agreement.

2. In general, from how many insurers do you request quotes before offering product(s) to your clients?

– Personal-lines: _____

– Commercial-lines: _____

3. In general, how many insurers have created the products that you present to your clients?

– Personal-lines: _____

– Commercial-lines: _____

4. Do you use the services of wholesalers⁴? Yes No

➤ If you answered “yes”, in the **Manage Business Relationships** form, please disclose a “Wholesaler” business relationship for each one

⁴ Damage insurance wholesalers are businesses that pursue brokerage and underwriting activities concurrently or separately. See Notice relating to damage insurance wholesalers and their employees; available in French only (*Avis relatif aux grossistes en assurance de dommages et à leurs employés*).

DECLARATION PERTAINING TO INSURANCE OF PERSONS (if applicable)

1. Do you have direct distribution agreements with insurers? Yes No

➤ If you answered "yes", in the **Manage Business Relationships** form, please disclose a "Distribution agreement" in an "Insurer" business relationship for each of them.

2. Do you have distribution agreements with general agents⁵? Yes No

➤ If you answered "yes", in the **Manage Business Relationships** form, please disclose a "General agent" business relationship for each of them.

3. Do you have distribution agreements with other registrants? Yes No

➤ If you answered "yes", in the **Manage Business Relationships** form, please disclose a "Distribution agreement" in an "Other registrant" business relationship for each of them.

4. Indicate volume of premiums sold in Québec for the year ended last December 31:

- Living benefits \$ _____
- Death benefits \$ _____
- Individual annuities \$ _____
- Segregated fund assets management \$ _____

⁵ *General agent* means a registrant to which an insurer has delegated certain tasks and which acts as an intermediary between that insurer and other registrants. This includes general agents, affiliated general agents and any other industry title that meets the above definition.

DECLARATION PERTAINING TO GROUP INSURANCE OF PERSONS (if applicable)

1. Do you have direct distribution agreements with insurers? Yes No
- If you answered "yes", in the **Manage Business Relationships** form, please disclose a "Distribution agreement" in an "Insurer" business relationship for each of them.
2. Do you have distribution agreements with general agents⁶? Yes No
- If you answered "yes", in the **Manage Business Relationships** form, please disclose a "General agent" business relationship for each of them.
3. Do you have distribution agreements with other registrants? Yes No
- If you answered "yes", in the **Manage Business Relationships** form, please disclose a "Distribution agreement" in an "Other registrant" business relationship for each of them.
4. Indicate volume of premiums sold in Québec for the year ended last December 31:
- Group insurance \$ _____
 - Group annuities \$ _____

⁶ *General agent* means a registrant to which an insurer has delegated certain tasks and which acts as an intermediary between that insurer and other registrants. This includes general agents, affiliated general agents and any other industry title that meets the above definition.

DECLARATION PERTAINING TO MORTGAGE BROKERAGE (if applicable)

1. In general, from how many lenders do you present a choice of products to your clients?

2. Are you a member of a banner?

Yes No

➤ If you answered “yes”, which one? _____

3. Have you engaged in at least one brokerage operation relating to a loan secured by immovable hypothec during the preceding year ended December 31?

Yes No

➤ If you answered “yes”, please specify the number of brokerage operation relating to a loan secured by immovable hypothec which you were engage in during the preceding year ended December 31:

4. Did you propose at least one residential mortgage loan to a client in the preceding year ended December 31?

Yes No

➤ If you answered “yes”, please indicate the name of each lender whose residential mortgage loan had been proposed to a client in the preceding year ended December 31 and the number of such loans proposed to clients.

Name of financial institution or lender	Number of loans proposed

➤ In the **Manage Business Relationships** form, please check “Distribution agreement” in a “Mortgage lender” business relationship field for each of these mortgage lenders.

5. Did you propose at least one commercial mortgage loan to a client in the preceding year ended December 31?

Yes No

➤ If you answered “yes”, in the **Manage Business Relationships** form, please check “Distribution agreement” in a “Mortgage lender” business relationship field for each of these mortgage lenders.

6. Do you hold one or more loans with a financial institution? Yes No

➤ If you answered “yes”, in the **Manage Business Relationships** form, please Check “Loan agreement” in a “Other business” business relationship field for each of these financial institutions.

7. In the preceding year ended December 31, did you propose one or more loans secured by immovable hypothec for which two or persons are party, directly or indirectly, as lenders (syndicated mortgage)? Yes No

➤ If you answered “yes”:

– Please specify the number: _____

– Please specify the breakdown of these loans:

i. Residential: _____

ii. Commercial: _____

– Please specify the number of such loans for which the registrant acted as lender:

i. Residential: _____

ii. Commercial: _____

8. In the preceding year ended December 31, did you offer to act as a lender to one or more clients for a residential mortgage loan? Yes No

➤ If you answered “yes”, please specify the number: _____

9. In the preceding year ended December 31, did you offer to act as a lender to one or more clients for a commercial mortgage loan? Yes No

➤ If you answered “yes”, please specify the number: _____

PART 4 – REQUIRED SUPPORTING DOCUMENTS

Missing documents will delay processing of your application.

Please refer to our [Forms - Representatives](#) web page for other required forms, if applicable.

For the *Declaration related to responsible officers in mortgage brokerage firms schedule* and the *Withdrawal from Sector or Withdrawal of Registration form*, please refer to our [Forms – Firms, independent representatives and partnerships](#) web page.

	SUPPORTING DOCUMENTS
Outside activity <i>* If you answered "yes" to question 1.</i>	<input type="checkbox"/> Declaration of an outside activity form
Guilt <i>* If you answered "yes" to question 3.</i>	<input type="checkbox"/> Statement of Guilt form
Bankruptcy <i>* If you answered "yes" to question 6.</i>	<input type="checkbox"/> Statement of Bankruptcy form
Mortgage brokerage <i>* If you are registered in the mortgage brokerage sector.</i>	<input type="checkbox"/> Declaration related to responsible officers in mortgage brokerage firms schedule
Withdrawal of registration <i>* If you do not renew your representative's certificate.</i>	<input type="checkbox"/> Withdrawal from Sector or Withdrawal of Registration form

PART 5 – DECLARATION ON INFORMATION PROVIDED

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

I undertake to notify the AMF of any change to the information or a document furnished in connection with this application within 5 days of such change or, if it concerns my registrant file (independent representative) or the pursuit of another activity ("outside activity"), within 30 days of such change.

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

Use the table in Part 6 to calculate the fees payable to renew your certificate and maintain your registration as an independent representative, then complete the payment slip in Part 7.

**PART 6 – FEES TABLE FOR RENEWAL OF YOUR CERTIFICATE AND MAINTENANCE
OF YOUR REGISTRATION FOR THE PERIOD FROM JANUARY 1, 2024 TO
DECEMBER 31, 2024**

1- FEES PAYABLE TO RENEW YOUR CERTIFICATE

Fees payable for the issuance of your certificate and annual fees for its renewal are **\$111.00** for each sector or sector class in which you are authorized to practise.

✓ *Tick the box(es) corresponding to the sector(s) you wish to renew.*

	Full sectors or sector classes	Amount payable
1	<input type="checkbox"/> Group insurance of persons OR	\$111.00
	<input type="checkbox"/> Group insurance plans	
	<input type="checkbox"/> Group annuity plans	
2	<input type="checkbox"/> Insurance of persons OR	\$111.00
	<input type="checkbox"/> Accident and sickness insurance	
3	<input type="checkbox"/> Damage insurance agent OR	\$111.00
	<input type="checkbox"/> Personal-lines damage insurance agent	
	<input type="checkbox"/> Commercial-lines damage insurance agent	
4	<input type="checkbox"/> Damage insurance broker OR	\$111.00
	<input type="checkbox"/> Personal-lines damage insurance broker	
	<input type="checkbox"/> Commercial-lines damage insurance broker	
5	<input type="checkbox"/> Claims adjustment OR	\$111.00
	<input type="checkbox"/> Claims adjustment in personal-lines damage insurance	
	<input type="checkbox"/> Claims adjustment in commercial-lines damage insurance	
6	<input type="checkbox"/> Financial planning	\$111.00
7	<input type="checkbox"/> Mortgage brokerage	\$111.00

IMPORTANT : If any of your sectors or sector classes are overseen by the Chambre de la sécurité financière, you will receive an invoice in January. Therefore, you do not have to calculate fees when applying to renew your certificate.

**2- FEES PAYABLE FOR CONTRIBUTION TO THE CHAMBRE DE L'ASSURANCE DE
DOMMAGES (CHAD)**

Fees payable for the contribution to the Chambre de l'assurance de dommages (ChAD) are **\$417.36** for the current year. This amount includes taxes.

✓ *Tick this box if you hold a certificate in damage insurance or claims adjustment or any class of these sectors.*

		Amount payable
8	<input type="checkbox"/> Contribution to ChAD	
		\$417.36

3- FEE PAYABLE IN RELATION TO SUPERVISION OF MORTGAGE BROKERAGE ACTIVITIES (PROFESSIONAL CONDUCT AND PROFESSIONAL DEVELOPMENT)

Fee payable for the contribution to the AMF is **\$290.00** for the current year.

✓ *Tick this box if you are authorized to practise in the mortgage brokerage sector.*

9	<input type="checkbox"/> Fees payable for the contribution to the AMF (supervision of mortgage brokerage)	Amount payable
		\$290.00

4- FEES PAYABLE TO MAINTAIN YOUR REGISTRATION AS AN INDEPENDENT REPRESENTATIVE

Registration fees and annual fees payable to the AMF to maintain your registration as an independent representative are **\$111.00** for each sector in which you are authorized to practise.

✓ *Tick the box(es) corresponding to the sector(s) you wish to maintain.*

	Sectors	Amount payable
10	<input type="checkbox"/> Group insurance of persons	\$111.00
11	<input type="checkbox"/> Insurance of persons	\$111.00
12	<input type="checkbox"/> Damage insurance	\$111.00
13	<input type="checkbox"/> Claims adjustment	\$111.00
14	<input type="checkbox"/> Financial planning	\$111.00
15	<input type="checkbox"/> Mortgage brokerage	\$111.00

5- FEES PAYABLE FOR CONTRIBUTION TO THE FONDS D'INDEMNISATION DES SERVICES FINANCIERS

Fees payable for the contribution to the *Fonds d'indemnisation des services financiers* are **\$160.00** for the insurance of persons and damage insurance sectors, and **\$100.00** for all other sectors or sector classes.

You must pay a contribution to the *Fonds d'indemnisation des services financiers* for each sector in which you are authorized to pursue activities as an independent representative.

If you practise in more than one sector, the contribution is discounted by \$75.00 for each additional sector.

✓ **Tick the box(es) corresponding to the sector(s) for which you wish to maintain.**

	Sectors	Amount payable
16	<input type="checkbox"/> Group insurance of persons	\$100.00
17	<input type="checkbox"/> Insurance of persons	\$160.00
18	<input type="checkbox"/> Damage insurance	\$160.00
19	<input type="checkbox"/> Claims adjustment	\$100.00
20	<input type="checkbox"/> Financial planning	\$100.00
21	<input type="checkbox"/> Mortgage brokerage	\$100.00

6- TOTAL AMOUNT DUE TO RENEW YOUR CERTIFICATE AND MAINTAIN YOUR REGISTRATION AS AN INDEPENDENT REPRESENTATIVE

22	Fees payable per sector to renew your certificate	Add lines 1 to 7		_____ \$
23	Fees payable for contribution to ChAD if you ticked sectors on lines 3, 4 and 5	Add line 8	+	_____ \$
24	Fee payable for the contribution to the AMF if you ticked the mortgage brokerage sector on line	Add line 9	+	_____ \$
25	Fees payable per sector to maintain your registration as an independent representative	Add lines 10 to 15	+	_____ \$
26	Contribution to the <i>Fonds d'indemnisation des services financiers</i>	Add lines 16 to 21	+	_____ \$
27	If you hold a certificate in only one sector, please go to line 28. Discount for contribution to the <i>Fonds d'indemnisation des services financiers</i> if you hold a certificate in more than one sector	Number of additional sectors _____ x \$75.00	-	_____ \$
28	Total amount due for the renewal of your certificate and maintenance of your registration as an independent representative	Add amounts from lines 22 to 26 Subtract amount on line 27	=	_____ \$

