

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

Use this form for the annual renewal of your representative's certificate.

If you do not wish to renew your certificate, you must complete parts 1, 2, and 5 only.

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

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 \(lautorite.gc.ca\)](http://www.lautorite.gc.ca).

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				Apt. / 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				Apt. / 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
<b>Group insurance of persons</b>	<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
<b>Insurance of persons</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accident and sickness insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Damage insurance broker</b>	<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
<b>Damage insurance agent</b>	<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
<b>Claims adjustment</b>	<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
<b>Financial planning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mortgage brokerage</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 3 – 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 clientele?  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**.

Representative attached to a firm or an independent partnership

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

**PART 4 – REQUIRED SUPPORTING DOCUMENTS**

Missing documents will delay processing of your application.

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

SUPPORTING DOCUMENTS	
<b>Outside activity</b> <i>* If you answered "yes" to question 1.</i>	<input type="checkbox"/> Declaration of an outside activity form
<b>Guilt</b> <i>* If you answered "yes" to question 3.</i>	<input type="checkbox"/> Statement of Guilt form
<b>Bankruptcy</b> <i>* If you answered "yes" to question 6.</i>	<input type="checkbox"/> Statement of Bankruptcy 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 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 fees table in Part 6 to calculate the fees payable to renew your certificate, then complete the payment slip in Part 7.**

**PART 6 – FEES TABLE FOR RENEWAL OF YOUR CERTIFICATE 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 boxe(s) 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 one or more of your sectors or sector classes are governed by the Chambre de la sécurité financière, you will receive a fees invoice in January. Therefore, you do not have to calculate these fees when you apply 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 a sector or sector class of damage insurance or claims adjustment.*

		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)**

Fees 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- TOTAL AMOUNT DUE TO RENEW YOUR CERTIFICATE**

10	Fees payable per sector to renew your certificate	Add lines 1 to 7		_____ \$
11	Fees payable for contribution to ChAD if you ticked sectors on lines 3, 4 and 5	Add line 8	+	_____ \$
12	Fee payable for the contribution to the AMF if you ticked the mortgage brokerage sector on line 7	Add line 9	+	_____ \$
13	<b>Total amount</b> due for the renewal of your certificate	Add amounts from lines 10 to 12	=	_____ \$

