

## ANALYSIS OF FUTURE SUPERVISOR'S FILE

## **AMF E-Services**

If you prefer to submit your application via our on-line service, please go to our website at http://www.lautorite.qc.ca/en/e-services.html.

Representatives can use this form to check that they meet the supervisor criteria. The required qualifications are set out in the <u>Regulation respecting the issuance and renewal of representatives' certificates</u>.

**Important** 

The result of the review is valid only at the time of analysis. The Autorité des marchés financiers (AMF) will review your situation at the time of each application for a probationary period. You may submit an application for a sector or sector class, even if that sector or sector class is inactive, provided that it has been inactive for less than 12 months. In this case, your qualification as a supervisor will be conditional on the reinstatement of your right to practise (s. 44 of the Regulation respecting the issuance and renewal of representatives' certificates). If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process this application.

PART 1 – IDENTIFICATION (in block letters)									
INFORMATION ABOUT FUTURE SUPERVISOR									
Client No. (10 digits)									
l	First Last name name								
Date of birth / day			Language of correspondence: French ☐ English				ı 🖵		
MAILING ADD	RESS								
Civic No.		Street					Apt.		
Municipality			Province			Postal	code		
Telephone (residence)			Telephone	e (business)	•			Ext.	
Cell phone			E-mail						
PART 2 – CHOICE OF SECTOR OR SECTOR CLASS									
☐ Insurance of persons ☐ Accident and sickness insurance									
	Group insurance of persons (insurance and annuities)								
	<ul><li>☐ Group insurance plans</li><li>☐ Group annuity plans</li></ul>								
☐ Damage insurance (personal-lines and commercial-lines)									
Personal-lines damage insurance									
☐ Commercial-lines damage insurance									
Claims adjustment (personal-lines and commercial-lines)									
Claims adjustment for personal-lines damage insurance									
☐ Claims adjustment for commercial-lines damage insurance									
ı 🖳 Mortga	Mortgage brokerage								

**Information Centre** 

Toll-free: 1-877-525-0337 Québec City: 418-525-0337 Montréal: 514-395-0337

Website: www.lautorite.qc.ca



## ANALYSIS OF FUTURE SUPERVISOR'S FILE

PART	3 – STATEMENT		
Use th File.	is section to submit a statement in connection with your Application for Analysis of Fu	ture Superv	isor's
1.	In the five years preceding this application, were you the subject of a disciplinary sanction imposed by a disciplinary committee established under the Act respecting the distribution of financial products and services, CQLR, c. D-9.2 or the Real Estate Brokerage Act, CQLR, c. C-73.2 or by the Court of Québec sitting in appeal of a decision issued by such a committee?	☐ Yes	□ No
	→ If you answered yes, please specify the type of sanction, the issuing committee and the decision number, if any.		
	Decision No.:		
Comm	nittee and details:		
2.	In the five years preceding this application, were you struck off the roll by a disciplinary committee of a professional order?	☐ Yes	☐ No
	➤ If you answered <b>yes</b> , please provide details and the decision number, if any.		
	Decision No.		
Details	s:		
3.	Does your certificate carry conditions or restrictions imposed under section 218, 219 or 220 of the <i>Act respecting the distribution of financial products and services</i> affecting your ability to act as a supervisor?	☐ Yes	□ No
	→ If you answered yes, please provide details.		
Details	S:		
Did yo	bu hold a representative's certificate authorizing you to practice in the mortgage brokerage sector or a licence issued by the l'Organisme de d'autoréglementation du courtage immobilier du Québec during 24 of the 36 months preceding the probationary period?	☐ Yes	□ No
	→ If you answered yes, did you carry out mortgage brokerage activities during this period?	☐ Yes	☐ No
PART	4 – DECLARATION		
	re that the information provided in this form is accurate and complete. I have attents required to process my application.	ached all s	upporting
	Date: / /		
Signat	Date: / / ure year month date: / / / / /	ay	
Rights	of access and correction		
You ma	ay examine the personal information concerning you, obtain a copy of it or request that it be co	rrected 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).

Information Centre

DQual-analyse-futur-supervieur\_January 2024

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## ANALYSIS OF FUTURE SUPERVISOR'S FILE

PART 5 – FEES PAYABLE AND PAYMENT								
CLIENT INFORMATION								
Client No. (10 digits)								
Ms. ☐ First name			Last name					
Name of firm								
FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024 (Please note that fees are non-refundable)								
File study fee:	If paying by credit card, please carry the 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 PAYMEN	METHOD OF PAYMENT							
☐ Cheque☐ Money order	Please make your payment payable to the order of the Autorité des marchés financiers and date it on the day on which the form is sent.							
☐ Visa☐ MasterCard	I authorize the AMF to charge the amount of * \$ to my credit card.					d.		
☐ American Express	Card No.:	//	/	_				
	Expiry date:/_	year						
	Name of cardholder (in block letters)			<del>-</del>				
	Signature of cardhold	er		Date:	/ year mo	/ _ nth	day	

The AMF only accepts forms sent by **mail**. **No form** sent by e-mail or by fax will be accepted.

Send 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

Québec City: 418-525-0337 Montréal: 514-395-0337