

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 [Regulation respecting the issuance and renewal of representatives' certificates](#).

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)					
Ms. <input type="checkbox"/>	First name			Last name	
Mr. <input type="checkbox"/>					
Date of birth	____ / ____ / ____	Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
	year / month / day				

MAILING ADDRESS

Civic No.		Street			Apt.	
Municipality			Province		Postal code	
Telephone (residence)			Telephone (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)
 - Group insurance plans
 - Group annuity plans
- 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
- Mortgage brokerage

PART 3 – STATEMENT

Use this section to submit a statement in connection with your Application for Analysis of Future Supervisor's File.

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.: _____

Committee 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 **yes**, please provide details and the decision number, if any.

Decision No. _____

Details: _____

3. Does your certificate carry conditions or restrictions imposed under section 218, 219 or 220 of the *Act respecting the distribution of financial products and services* affecting your ability to act as a supervisor? Yes No

➔ If you answered **yes**, please provide details.

Details: _____

- Did you 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

I declare that the information provided in this form is accurate and complete. I have attached all supporting documents required to process my application.

Signature

Date: _____ / _____ / _____
year month day

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

Information Centre

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

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