

APPLICATION TO POSTPONE OR CANCEL EXAMINATIONS

AMF E-Services

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

PART 1 – IDENTIFICATION (in block letters)												
CLIENT INFORMATION												
Client No. (10 digits)												
	First name						Last name					
Date of birth / / /				Language of correspondence: French				-	English 🖵			
HOME ADDRESS												
Civic No.			Street							Apt.		
City					Province				Postal	code		
Telephone (residence)			Telephone (business)					Ext.				
Cell phone					E-mail							

PART 2 - EXAMINATIONS TO POSTPONE OR CANCEL

Postponement fees will apply:

- if the AMF receives your application **five working days or more** before the examination date indicated on your notice of examination;
- if your examinations are spread over a period of 90 days and the new examination date falls within this
 period.

Registration fees will apply:

- if the AMF receives your application **four working days or less** before the examination date indicated on your notice of examination;
- if your examinations are spread over a period of 90 days and the new examination date falls after this
 period.

In the case of **cancellation**, no fees will be refunded. No failure will be recorded in your file, provided that this form is received **prior to the date of the examination**.

Information Centre
Toll-free: 1-877-525-0337
Québec City: 418-525-0337

Québec City: 418-525-0337 Montréal: 514-395-0337 DQual_annulation-report-examen_January 2024

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Website: www.lautorite.qc.ca



APPLICATION TO POSTPONE OR CANCEL EXAMINATIONS

Please provide the necessary information to postpone or cancel one or more examinations.

Application	Examination Original examination date		Examination date and time in order of preference	Location of examination (if changed)	Language		
Postponement Cancellation		// year month day	1 / / Time: year month day 2 / / Time: year month day	From: To:	☐ French☐ English		
Postponement Cancellation		year month day	1 / / Time: year month day 2 / / Time: year month day	From:	□ French □ English		
Postponement Cancellation		year month day	1 / / Time: year month day 2 / / Time: year month day	From: To:	□ French □ English		
Postponement Cancellation		year month day	1 / / Time: year month day 2 / / Time: year month day	From:	□ French □ English		
Postponement Cancellation		// year month day	1 / / Time: year month day 2 / / Time: year month day	From: To:	□ French □ English		
Postponement □ Cancellation □		year month day	1 / / Time: year month day 2 / / Time: year month day	From: To:	□ French □ English		
PART 3 – DECLARATION 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							

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

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).

Information Centre

DQual_annulation-report-examen_January 2024

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PART 4 – FEES PAYABLE AND PAYMENT								
CLIENT INFO	ORMATION							
Client No. (10 digits)								
Ms. □ Mr. □	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)								
Postponement fee:		\$85.00	If paying	ying by credit card, please carry the amount over to the				
Registration fee:		\$174.00	than the	e below marked with an *. If the amount shown is greater the amount due, we reserve the right to correct this unt and adjust it downwards.				
Total:		\$						
METHOD OF	PAYMENT							
☐ Cheque☐ Money ord	der	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☐ American Express		I authorize the AMF to charge the amount of * \$ to my credit ca						
		Card No.:/	_					
		Expiry date: / month year						
		Name of cardholder (in block letters)			_			
		Signature of cardholder		Date: / / day				
Γ								

The AMF only accepts forms sent by mail.

No form sent by e-mail or by fax will be accepted.

Send your form to the following address:

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1

Information Centre

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