

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

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

Application	Examination No.	Original examination date	Examination date and time in order of preference	Location of examination (if changed)	Language
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English
Postponement <input type="checkbox"/> Cancellation <input type="checkbox"/>	_____	____/____/____ year month day	1. ____/____/____ Time: ____ year month day 2. ____/____/____ Time: ____ year month day	From: _____ To: _____	<input type="checkbox"/> French <input type="checkbox"/> English

PART 3 – 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

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 \(lautorite.qc.ca\)](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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