

**ATTESTATION OF GUARANTOR**

The AMF reserves the right to request additional documents and to contact the guarantor.

Any false statement will result in the cancellation of this application and will be noted in the applicant's file.

Last name of applicant: \_\_\_\_\_ First name: \_\_\_\_\_

Client No. : \_\_\_\_\_

**Important**

*You must provide an attestation of guarantor for the employment you **currently** hold. The guarantor should be the employer of the business (or his representative) or the chief human resources officer.*

\_\_\_\_\_  
Name of business (in block letters)

\_\_\_\_\_  
Québec Enterprise Number (NEQ)

\_\_\_\_\_  
Name of guarantor (in block letters)

\_\_\_\_\_  
Title of guarantor (in block letters)

\_\_\_\_\_  
Telephone number of guarantor

I declare that the applicant works full-time (a minimum of 30 hours per week).

Position held by applicant: \_\_\_\_\_

Employment period: from \_\_\_\_\_ to present.

Signed at \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_  
month year

\_\_\_\_\_  
Signature of guarantor