

ATTESTATION OF ENTREPRENEUR

The AMF reserves the right to request additional documents.

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

Complete this appendix and have it signed by a Commissioner of Oaths.

Name of your business (in block letters): _____

Québec Enterprise Number (NEQ) (if applicable): _____

Canadian Business Number (BN) (if applicable): _____

During the period from _____ to _____
year / month / day year / month / day

I worked _____ hours per week at the company.

I declare that the information in this Appendix is true.

Signed at _____, this ____ day of _____
month year

Signature of applicant

Signature of Commissioner of Oaths

Sworn under oath before me:

Signed at _____, this ____ day of _____
month year

Signature of Commissioner of Oaths

Commission No.