

APPLICATION OR REVIEW OF APPLICATION FOR ATTESTATION OF EMPLOYMENT (3 YEARS)

Appendix 2

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:	F	First name: _			
Client No. :					
Important					
Complete this appendix and have it signed by	/ a Commis	sioner of Oa	ths.		
Name of your business (in block letters):					
Québec Enterprise Number (NEQ) (if applical	ble):				
Canadian Business Number (BN) (if applicab	le):				
During the period from		to			
year / mont	h / day		year / mont	h / day	
I worked hours per we	ek at the co	ompany.			
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.			

Information Centre

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

Website: www.lautorite.qc.ca