

APPLICATION FOR RESULT REVIEW

AMF E-Services

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

This application allows you to review your examination.

PART 1 – IDENTIFICATION (in block letters)

CLIENT INFORMATION

Client No. (10 digits)												
	First name						Last name					
Date of birth / / year month day				Language of correspondence: French \Box				English 🖵				
HOME ADDRESS												
Civic No.			Street							Apt.		
City					Province	•			Postal	code		
Telephone (residence)				Telephor	ne (bu	e (business)				Ext.		
Cell phone					E-mail							

PART 2 – EXAMINATION TO BE REVIEWED

Note

The AMF must receive your application no later than 30 days following the date of communication of your examination result. An application must be submitted for each examination you wish to be reviewed. You can submit the paper form through AMF E-Services by selecting the application for **Result review** under the tab **Other application/request**.

Date of examination session	Title of examination to be reviewed

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.

Date:	/	 /_	

Signature

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).

Information Centre

Toll-free: 1-877-525-0337 Québec City: 418-525-0337 Montréal: 514-395-0337 DQual_revision-note_January 2024

Page 1 of 3 Website: <u>www.lautorite.qc.ca</u>



Please do not delete this page when printing the form.

It has been left blank intentionally, because the page **Part 4 – Fees Payable and Payment** must be printed on a single sheet of paper with no information on the reverse side.

DQual_revision-note_January 2024



PART 4 – FEES PAYABLE AND PAYMENT								
CLIENT INFORMATION								
Client No. (10 digits)								
Ms. □ Mr. □	First name			Last name				
Name of firm	n							
FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024 (Please note that fees are non-refundable)								
File study fe	ee: ☑ \$5	52.00	If payment is made with a credit card, please carry the amount over to the space below marked with an * If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards.					
METHOD O	F PAYMENT							
Cheque Money order		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		I authorize the AMF to c	to my	y credit card.				
American Express		Card No.: ////						
		Expiry date://////						
		Name of cardholder (in block letters)			_			
		Signature of cardholder			Date: year			

The AMF only accepts forms sent by **mail**. **No form** sent by e-mail or by fax will be accepted. Send your payment to the following address: **Autorité des marchés financiers** Place de la Cité, tour Cominar 2640, boulevard Laurier, bureau 400 Québec (Québec) G1V 5C1