

AMF E-Services

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

This application allows you to review your examination.

PART 1 – IDENTIFICATION (in block letters)
CLIENT INFORMATION

Client No. (10 digits)					
Ms. <input type="checkbox"/>	First name		Last name		
Mr. <input type="checkbox"/>					
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 – 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.

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-access).

Information Centre

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

DQual_revision-note_September 2023

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.

PART 4 – FEES PAYABLE AND PAYMENT

CLIENT INFORMATION

Client No. (10 digits)			
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name	Last name	
Name of firm			

**FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2023 TO DECEMBER 31, 2023
(Please note that fees are non-refundable)**

File study fee: <input checked="" type="checkbox"/> \$50.00	<p>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.</p>
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METHOD OF PAYMENT

<input type="checkbox"/> Cheque <input type="checkbox"/> 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.
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<p>I authorize the AMF to charge the amount of * \$_____ to my credit card.</p> <p>Card No.: _____ / _____ / _____ / _____</p> <p>Expiry date: _____ / _____ <small>month year</small></p> <hr/> <p>Name of cardholder (in block letters)</p> <hr/> <p>Signature of cardholder Date: _____ / _____ / _____ <small>year month day</small></p>

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