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INSTRUCTION

This form **must be used by** any individual who has answered « yes » to any of the questions under items 14, 15 and 16 of Form 33-109F4 and who:

- a) applies to the *Autorité des marchés financiers* (AMF) for registration as a representative of a **securities dealer or adviser according to the requirements of the *Securities Act***,
- b) requests approval from the *Autorité des marchés financiers* (AMF) as a partner or senior executive of a dealer or adviser **under the *Securities Act***,
- c) applies to the *Autorité des marchés financiers* (AMF) for a certificate as a representative in group savings plan brokerage, investment contract brokerage or scholarship plan brokerage according to the requirements of *An Act respecting the distribution of financial products and services*.

APPLICANT : PROVIDE ALL INFORMATION AND DATE AND SIGN THIS ACKNOWLEDGEMENT.

SURNAME		GIVEN NAME(S)		SEX	
HAVE YOU EVER USED A NAME OTHER THAN: Yes <input type="checkbox"/> No <input type="checkbox"/> THAT MENTIONED-ABOVE?		DATE OF CHANGE :			
ADDRESS		BIRTHDATE yr m d		BIRTHPLACE (city)	
FOR APPLICANT OF FOREIGN ORIGIN, DATE AND PLACE OF ENTRY:		HEIGHT cm	WEIGHT kgs	COLOR OF HAIR	COLOR OF EYES
Have you ever been convicted under the law of any Province, State or Country for which you have not been pardoned : No <input type="checkbox"/> Yes <input type="checkbox"/> (submit full details)		Details:			
I understand that the information on my application for registration or approval will be used to conduct a suitability investigation regarding my application. I understand that if I fail to accurately disclose my criminal history information, it may constitute an offence under the Quebec Securities Act., or under section 122 of the CRIMINEL CODE, if made under oath.					
Signature of applicant _____ dated this ____ day of _____ 20____ (month) (year)					

AUTORITÉ ONLY USED

IS A FOREIGN ENQUIRY REQUESTED?		FILE NUMBER:
No <input type="checkbox"/> Yes <input type="checkbox"/>		Submit foreign residential/business history on an attachment.
If the check performed by the Royal Canadian Mounted Police reveals a failure by the applicant to accurately disclose his/her criminal history, or release of the applicant's criminal record is hereby requested for the purpose of conducting an Investigation of an offence : such release being authorized by Section 8(2) (a) of the Privacy Act.		
Signature of Autorité Official _____ dated this ____ day of _____ 20____ (month) (year)		

SECURITIES FRAUD INFORMATION CENTRE USE ONLY

SPIC FILE NUMBER		CRIMINAL RECORD FOR FPS NUMBER	
RCMP FILE	Yes <input type="checkbox"/> No <input type="checkbox"/>	CRIMINAL RECORD IS AS DISCLOSED	Yes <input type="checkbox"/> No <input type="checkbox"/>
CRIMINAL RECORD	Yes <input type="checkbox"/> No <input type="checkbox"/>	FOREIGN ENQUIRIES BEING CONDUCTED	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Officer _____ dated this ____ day of _____ 20____ (month) (year)			