

**REGULATION 33-109 RESPECTING REGISTRATION INFORMATION**

Securities Act

(R.S.Q., c. V-1.1, s. 331.1, par. (1), (2), (26), (27) and (34); 2007. c. 15)

**PART 1 DEFINITIONS****1.1. Definitions**

In this Regulation

“effective date of a termination of an employment, partnership, or agency relationship” means the first day on which the individual ceased to have authority to act in a registerable capacity on behalf of the firm or ceased to act in a permitted individual capacity;

“NRD submission number” means the unique number generated by NRD to identify each NRD submission;

“permitted individual” means, for a registered firm or for a person that is applying for registration, an individual who is not registered to trade or to advise on behalf of the firm and who

(a) is a director, chief executive officer, chief financial officer, or chief operating officer of the firm, or performs the functional equivalent of any of those positions, or

(b) beneficially owns, directly or indirectly, or exercises control or direction over, 10 percent or more of the voting securities of the firm;

“registered firm” means a registered dealer, registered adviser, or registered investment fund manager;

“registered individual” means an individual who is registered

(a) to trade or advise on behalf of a registered firm,

(b) in the category of ultimate designated person, or

(c) in the category of chief compliance officer;

“sponsoring firm” means,

(a) for a registered individual, the registered firm on whose behalf the individual trades or advises, or acts as ultimate designated person or chief compliance officer,

(b) for an individual applying for registration, the registered firm, or the person applying to become a registered firm, on whose behalf the individual proposes to trade or advise,

(c) for a permitted individual of a registered firm, the registered firm on whose behalf the individual acts, or

(d) for a permitted individual of a person that is applying for registration, the person that is applying for registration on whose behalf the permitted individual proposes to act.

## 1.2. Interpretation

Terms defined in Regulation 31-102 respecting National Registration Database approved by Ministerial Order No. 2007-04 dated June 21, 2007 and used in this Regulation have the respective meanings ascribed to those terms in Regulation 31-102 respecting National Registration Database.

## PART 2 APPLICATION FOR REGISTRATION AND REVIEW OF PERMITTED INDIVIDUALS

### 2.1. Dealer, Adviser and Investment Fund Manager Registration

An applicant for registration as a dealer, adviser or investment fund manager must submit to the securities regulatory authority,

- (a) in paper format, a completed Form 33-109F6; and
- (b) in accordance with Regulation 31-102 respecting National Registration Database, a completed Form 33-109F3 for each business location of the applicant, other than the applicant's head office.

### 2.2. Individual Applicants

(1) An individual who applies for registration under securities legislation must make the application by submitting to the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database a completed Form 33-109F4.

(2) Despite subsection (1), a permitted individual of a registered firm who applies to become a registered individual with the firm must make the application by submitting to the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database a completed Form 33-109F2.

### 2.3. Reinstatement

The registration of an individual suspended under section 7.5 of Regulation 31-103 respecting Registration Requirements is reinstated on the date the individual submits a completed Form 33-109F7 in accordance with Regulation 31-102 respecting National Registration Database if

- (a) the Form 33-109F7 is submitted on or before the 90<sup>th</sup> day after the date the individual was suspended;
- (b) there have been no changes to the information previously submitted in respect of Items 13, 14, 15 and 16 of the Form 33-109F4 of the individual since the individual was suspended;
- (c) the individual is seeking reinstatement in the same category of registration in which the individual was registered at the time of the suspension, and
- (d) the registered firm sponsoring the individual's reinstatement is registered in the same category of registration in which the individual's former sponsoring firm was registered.

### 2.4. Permitted Individuals

(1) A permitted individual must submit to the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database a completed Form 33-109F4, or, if required under subsection (2), a Form 33-109F7, within the later of

- (a) the 5th business day after becoming a permitted individual; and

(b) the date the sponsoring firm applies for registration.

(2) A permitted individual must submit to the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database a completed Form 33-109F7 under subsection (1), provided that there have been no changes to the information previously submitted in respect of Items 13, 14, 15 and 16 of the Form 33-109F4 of the individual since the date the permitted individual ceased to have authority to act in a permitted individual capacity with the individual's former sponsoring firm.

## **2.5. Commodity Futures Act Registrants**

(1) In Manitoba and Ontario, if an applicant for registration under section 2.1 is registered under the *Commodity Futures Act* (R.S.O., 1990, c. C.20; C.C.S.M., c. C152), the applicant is not required to submit a completed Form 33-109F3 under subsection 2.1(b) for any business location of the applicant that is recorded on NRD.

(2) In Manitoba and Ontario, despite subsection 2.2(1), if an individual applies for registration under securities legislation and is recorded on NRD with his or her sponsoring firm as registered under the *Commodity Futures Act*, the individual must make the application by submitting to the regulator, in accordance with Regulation 31-102 respecting National Registration Database, a completed Form 33-109F2.

## **PART 3 CHANGES TO REGISTERED FIRM INFORMATION**

### **3.1. Changes to Form 33-109F6 Information**

(1) A registered firm must notify the securities regulatory authority of a change to any information previously submitted in Form 33-109F6, or under this subsection, within 5 business days of the change.

(2) For the purposes of subsection (1), a notice of change must be made by submitting a completed Form 33-109F5 in paper format.

(3) A notice of change under this section is not required to be in Form 33-109F5 if the change relates to

(a) the addition of an officer, partner, or director to the registered firm, and if

(i) a completed Form 33-109F4 in respect of the officer, partner, or director is submitted under section 2.2; or

(ii) a completed Form 33-109F7 in respect of the officer, partner, or director is submitted under section 2.3;

(b) the resignation or termination of an officer, partner or director of the registered firm, and if a completed Form 33-109F1 is submitted under section 4.3; or

(c) a business location other than head office, and if a completed Form 33-109F3 is submitted under section 3.2.

### **3.2. Changes to Business Locations**

(1) A registered firm must notify the securities regulatory authority of the opening of a business location, other than a new head office, by submitting in accordance with Regulation 31-102 respecting National Registration Database a completed Form 33-109F3 within 5 business days of the opening.

(2) A registered firm must notify the securities regulatory authority of a change to any information previously submitted in Form 33-109F3 by submitting in accordance with

Regulation 31-102 respecting National Registration Database a completed Form 33-109F3 within 5 business days of the change.

### **3.3. Changes to Other Registration Information**

A registered firm must notify the securities regulatory authority of a change in its auditor or financial year-end within 5 business days of the change.

## **PART 4 CHANGES TO REGISTERED INDIVIDUAL AND PERMITTED INDIVIDUAL INFORMATION**

### **4.1. Changes to Form 33-109F4 Information**

(1) A registered individual or permitted individual must notify the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database of a change to any information previously submitted in Form 33-109F4, in Form 33-109F7, or under this subsection, within 5 business days of the change.

(2) Despite subsection (1), a registered individual or permitted individual must notify the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database of a change to information previously submitted in Item 11 of Form 33-109F4, or under this subsection, within 10 business days of the change.

(3) Despite subsection (1), a registered individual or permitted individual must notify the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database of a change to information previously submitted in Items 3, 4, or paragraph 1 of Item 8 of Form 33-109F4, or under this subsection, within 20 business days of the change.

### **4.2. Application to Change or Surrender Individual Registration Categories**

A registered individual of a registered firm who applies to change or surrender his or her registration category with the firm must make the application by submitting to the securities regulatory authority in accordance with Regulation 31-102 respecting National Registration Database a completed Form 33-109F2.

### **4.3. Termination of Employment, etc.**

(1) A registered firm must, within 5 business days of the effective date of a termination of an employment, partnership, or agency relationship with a registered individual or permitted individual, notify the securities regulatory authority of the termination of the relationship by submitting in accordance with Regulation 31-102 respecting National Registration Database a completed Form 33-109F1 with Parts A through D completed.

(2) A registered firm must, within 30 business days of the effective date of a termination of an employment, partnership, or agency relationship with a registered individual or permitted individual who resigned or was dismissed, submit in accordance with Regulation 31-102 respecting National Registration Database a Form 33-109F1 with Part E completed.

(3) A registered firm must, within 5 business days of a request from a registered individual or permitted individual, provide to the individual a copy of the Form 33-109F1 with Parts A through D completed, as submitted under subsection (1) in relation to the individual,

(4) Upon a request from an individual, registered firm must provide to the registered individual or permitted individual who resigned or was dismissed a copy of the Form 33-109F1 with Part E completed, as submitted pursuant to subsection (2) in relation to the individual, within the later of

- (a) 5 business days of a request from the individual; and
- (b) 5 business days of the submission pursuant to subsection (2).

## **PART 5 DUE DILIGENCE AND RECORD-KEEPING**

### **5.1. Sponsoring Firm Obligations**

(1) A sponsoring firm must make reasonable efforts to ensure the truth and completeness of information that is submitted by

- (a) a registered individual,
- (b) a permitted individual, or
- (c) an individual applying for registration, for whom the firm is the sponsoring firm.

(2) A registered firm that has submitted a Form 33-109F4 or Form 33-109F7 on behalf of a registered individual or permitted individual must obtain from that individual a copy of the Form 33-109F1 most recently submitted in respect of the individual, within 45 business days of the submission of the relevant Form 33-109F4 or Form 33-109F7.

(3) A sponsoring firm must retain all documents used by the firm to satisfy its obligation under subsection (1),

(a) in the case of a permitted individual, for a period of seven years after the individual ceases to be a permitted individual with the firm; or

(b) in the case of a registered individual, or an individual applying for registration, for a period of seven years after the individual ceases to be a registered individual with the firm.

(4) Without limiting the generality of subsection (3), if a registered individual, an individual applying for registration, or a permitted individual appoints an agent for service, the sponsoring firm must keep the original Appointment of Agent for Service executed by the individual for the period of time set out in paragraph (3)(b).

(5) A sponsoring firm that retains a document under subsection (3) or (4) in respect of an NRD submission must record the NRD submission number on the first page of the document.

## **PART 6 EXEMPTION**

### **6.1. Exemption**

(1) The securities regulatory authority may grant an exemption from this Regulation, in whole or in part, subject to such conditions or restrictions as may be imposed in the exemption.

(2) Despite subsection (1), in Ontario, only the regulator may grant such an exemption.

(3) Except in Ontario, an exemption referred to in subsection (1) is granted under the statute referred to in Appendix B of Regulation 14-101 respecting Definitions, adopted by the *Commission des valeurs mobilières du Québec* pursuant to decision No. 2001-C-0274 dated June 12, 2001, opposite the name of the local jurisdiction.

**PART 7      REVOCATION AND EFFECTIVE DATE**

**7.1.    Revocation**

Regulation 33-109 respecting Registration Information, approved by Ministerial Order No. 2007-05 dated June 21, 2007, is repealed.

**7.2.    Effective Date**

This Regulation comes into force on •.

**FORM 33-109F1  
NOTICE OF TERMINATION OF REGISTERED INDIVIDUALS AND  
PERMITTED INDIVIDUALS**

Complete this form to notify the appropriate Canadian securities regulator(s) or self-regulatory organization(s) (SRO) that a registered individual or permitted person has been terminated by his or her sponsoring firm.

Complete and submit this form online at the national registration database (NRD) website at [www.nrd.ca](http://www.nrd.ca). Otherwise, complete the paper version of this form if you are relying on the temporary hardship exemption in Regulation 31-102 respecting National Registration Database.

**A. Information about the terminating firm**

1. Name
2. NRD number

**B. Information about the terminated individual**

1. Name
2. NRD number

**C. Business location of the terminated individual**

1. Address
2. NRD number

**D. Information about the termination**

1. Effective date (the first day on which the individual ceased to have authority to act in a registerable capacity on behalf of the firm or ceased to act in his/her permitted individual activity)

(YYYY/MM/DD)

2. Reason for the termination (check one)

Resigned	<input type="checkbox"/>	... requested or encouraged to do so by the firm?	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>

Dismissed	<input type="checkbox"/>	...for cause?	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>

Completed temporary employment contract

Retired

Deceased

Other (provide details)

**E. Further details**

*(You do not have to provide the information in this Part E unless the individual resigned or was dismissed. If so, you have until 30 business days after the effective date of*

*the termination to file your responses to the questions in this Part E – the remainder of the Form should still be filed within 5 days business days after the effective date of the termination.)*

If the individual resigned or was dismissed (whether or not for cause), explain why in the space provided and answer the following questions to the best of the firm's knowledge. Reasons for resignation or dismissal:

If the answer to any of the following questions is "yes", provide details (you may cross-reference the information provided immediately above if the relevant details have been set out there). Answers should be with reference to events in the past twelve months.

	Yes	No
1. Was the individual charged with any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the individual the subject of any investigation by any securities or financial industry regulator?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the individual subject to any significant internal disciplinary measures at the firm or any affiliate of the firm related to the individual's integrity or competence as a registrant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were there any written complaints, civil claims and/or arbitration notices filed against the individual or against the firm concerning securities-related activities of the individual that occurred while the individual was registered or a permitted individual authorized to act on behalf of the firm?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the individual have any undischarged financial obligations to clients of the firm?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the firm or any affiliate suffered significant monetary loss or harm to its reputation as a result of the individual's actions?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the firm or any affiliate investigate the individual in connection with possible material violations of fiduciary duties, regulatory requirements or the compliance policies and procedures of the firm or any affiliate? Examples include making unsuitable trades or investment recommendations, stealing or borrowing client money or securities, hiding losses from clients, forging client signatures, money laundering, deliberately making false representations and engaging in undisclosed outside business activity.	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the individual demonstrate a pattern of failing to follow compliance policies and procedures of the firm or any affiliate?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the individual engage in discretionary management of client accounts or otherwise engage in registerable activity without appropriate registration or without the firm's authorization?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there any other matter relating to the individual's termination or conduct leading up to it that the firm is aware of and believes is relevant to the individual's integrity or competence as a registrant		

or permitted individual?

#### **F. Collection and use of personal information**

Securities regulators may collect the personal information on this form only under the requirements in securities and/or derivatives legislation and may only use this information to administer and enforce provisions of the securities and/or derivatives legislation.

If you have any questions about the collection and use of this personal information, you can contact the securities regulator in the relevant jurisdiction. See Schedule A for details. In Québec, you can also contact the Commission d'accès à l'information at 1-888-528-7741 or visit its website at [www.cai.gouv.qc.ca](http://www.cai.gouv.qc.ca).

#### **G. Warning**

It is an offence to submit information that, in a material respect and at the time and in the light of the circumstances in which it is submitted, is misleading or untrue. In addition, failure to report materially important information may lead to regulatory sanctions, including a fitness for registration review or enforcement action against the firm and/or persons responsible for preparing the information in this form. It should not be assumed that information is known to any securities regulatory authority merely because it is in the public domain or has previously been disclosed to one or more of them or any other regulatory body. If there is any doubt about the relevance of information, it should be included.

#### **H. Certification**

**Use the following certification when submitting this form in NRD electronic format:**

I am making this submission as agent for the firm. By checking this box, I certify that the firm provided me with all of the information in this form.

**Use the following certification when submitting this form in paper format:**

I certify that I have read and understand the warning set out above and that the information in this form is accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Name of firm

\_\_\_\_\_  
Name of authorized signing partner or officer

\_\_\_\_\_

\_\_\_\_\_  
Title of authorized signing partner or officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed (YYYY/MM/DD)

**FORM 33-109F2  
CHANGE OR SURRENDER OF INDIVIDUAL CATEGORIES**

Enter the following information using the online version of this submission at the NRD web site (www.nrd.ca). If the NRD filer is relying on the temporary hardship exemption in Regulation 31-102 respecting National Registration Database this form is required to be delivered to the securities regulatory authority in paper format.

**1. Individual**

Name of individual: \_\_\_\_\_

NRD number of individual: \_\_\_\_\_

**2. Individual categories**

Indicate the individual categories that the individual is adding or removing:

**3. Details of surrender**

If the individual is surrendering his or her registration with the sponsoring firm in the local jurisdiction, include details regarding any:

- unresolved client complaints:
- internal discipline matters:
- restrictions for violation of regulatory requirements that occurred at any time during the individual's employment with the firm:
- financial obligations the individual has to clients:

**Notice of Collection and Use of Personal Information**

The personal information required under this form is collected on behalf of and used by the securities regulatory authorities set out below for the administration and enforcement of certain provisions of the securities legislation in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador, Northwest Territories, Yukon Territory, and Nunavut.

By submitting this information you consent to the collection by the securities regulatory authority of the personal information provided above, police records, records from other government or non-governmental regulatory authorities or self-regulatory organizations, credit records and employment records about you as may be necessary for the securities regulatory authority to complete its review of the information submitted above including your continued fitness for registration, if applicable, in accordance with the legal authority of the securities regulatory authority for the duration of the period which you remain registered or approved by the securities regulatory authority. The sources the securities regulatory authority may contact include government and private bodies or agencies, individuals, corporations and other organizations.

If you have any questions about the collection and use of this information, you may contact the securities regulatory authority in any jurisdiction in which the required information is filed, at the address or telephone number provided in Schedule "A".

**WARNING:**

It is an offence to submit information that, in a material respect and at the time and in the light of the circumstances in which it is submitted, is misleading or untrue.

**CERTIFICATION:****The following certification is to be used when submitting this form in NRD format:**

I am making this submission as agent for the individual to whom this submission relates. By checking this box I certify that all statements of fact in this submission were provided to me by the individual.

**Both of the following certifications are to be used when submitting this form in paper format:**

I, the undersigned, certify that I have read and that I understand the questions in this form and the Warning set out above.

I also certify that all statements of fact provided in this application are true.

\_\_\_\_\_  
Signature of applicant or non-registered individual

\_\_\_\_\_  
Date

I, the undersigned, certify on behalf of the sponsoring firm that the individual will be engaged by the sponsoring firm as a registered individual or a non-registered individual. I certify that I have, or a branch manager or another officer or partner has, discussed the questions set out in this form and I am satisfied that the individual fully understands the questions.

\_\_\_\_\_  
Signature of authorized officer or partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm name

**SCHEDULE A  
NOTICE AND COLLECTION AND USE OF PERSONAL INFORMATION**

**Contact Information**

**Alberta**

Alberta Securities Commission,  
4th Floor, 300 B 5th Avenue S.W.  
Calgary, AB T2P 3C4  
Attention: Information Officer  
Telephone: (403) 297-6454

**British Columbia**

British Columbia Securities Commission  
P.O. Box 10142, Pacific Centre  
701 West Georgia Street  
Vancouver, BC V7Y 1L2  
Attention: Freedom of Information Officer  
Telephone: (604) 899-6500 or (800) 373-6393 (in BC)

**Manitoba**

The Manitoba Securities Commission  
1130-405 Broadway  
Winnipeg, MB R3C 3L6  
Attention: Director - Legal  
Telephone: (204) 945-4508

**New Brunswick**

New Brunswick Securities Commission  
Suite 300, 85 Charlotte Street  
Saint John, NB E2L 2J2  
Attention: Director, Market Regulation  
Telephone: (506) 658-3021

**Newfoundland and Labrador**

Securities Commission of Newfoundland and Labrador  
P.O. Box 8700, 2nd Floor, West Block  
Confederation Building  
St. John's, NF A1B 4J6  
Attention: Director of Securities  
Tel: (709) 729-4189

**Nova Scotia**

Nova Scotia Securities Commission  
2nd Floor, Joseph Howe Building  
1690 Hollis Street  
P.O. Box 458  
Halifax, NS B3J 3J9  
Attention: FOI Officer  
Telephone: (902) 424-7768

**Northwest Territories**

Government of the Northwest Territories  
P.O. Box 1320  
Yellowknife, NWT X1A 2L9  
Attention: Deputy Registrar of Securities  
Telephone: (867) 920-8984

**Nunavut**

Legal Registries Division  
Department of Justice  
Government of Nunavut  
P.O. Box 1000 Station 570  
Iqaluit, NU X0A 0H0  
Attention: Deputy Registrar of Securities  
Telephone: (867) 975-6190

**Ontario**

Ontario Securities Commission  
Suite 1903, Box 55  
20 Queen Street West  
Toronto, ON M5H 3S8  
Attention: FOI Coordinator  
Telephone: (416) 593-8314

**Prince Edward Island**

Securities Registry  
Office of the Attorney General B Consumer, Corporate and  
Insurance Services Division  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
Attention: Deputy Registrar of Securities  
Telephone: (902) 368-4569

**Québec**

Autorité des marchés financiers  
Stock Exchange Tower  
P.O. Box 246, 22nd Floor  
800 Victoria Square  
Montréal, PQ H4Z 1G3  
Attention: Responsable de l'accès à l'information  
Telephone: (514) 940-2150 or  
(800) 361-5072 (in Québec)

**Saskatchewan**

Saskatchewan Securities Commission  
800 B1920 Broad Street  
Regina, SK S4P 3V7  
Attention: Director  
Telephone: (306) 787-5842

**Yukon**

Department of Community Services Yukon  
P.O. Box 2703  
Whitehorse, YU Y1A 2C6  
Attention: Registrar of Securities  
Telephone: (867) 667-5225

**FORM 33-109F3  
BUSINESS LOCATIONS OTHER THAN HEAD OFFICE**

Enter the following information using the online version of this submission at the NRD web site (www.nrd.ca). If the NRD filer is relying on the temporary hardship exemption in Regulation 31-102 respecting National Registration Database this form is required to be delivered to the securities regulatory authority in paper format.

Please select one box:

This form is being submitted to notify the securities regulatory authority of the opening of this business location. Complete the entire form.

This form is being submitted to notify the securities regulatory authority of the closing of this business location. Complete the entire form.

This form is being submitted to notify the securities regulatory authority of the change of information previously submitted in respect of this business location. Complete the entire form and describe the information that has changed (for example, "telephone number" or "type of business location"):

**1. Type of business location**

branch \_\_\_\_\_

sub-branch \_\_\_\_\_

**2. Supervisor or branch manager**

NRD number of the designated supervisor or branch manager:

\_\_\_\_\_

Name of designated supervisor or branch manager:

\_\_\_\_\_

**3. Business location information**

Business address: \_\_\_\_\_

Telephone number: (    ) \_\_\_\_\_

Facsimile number: (    ) \_\_\_\_\_

Mailing address (if different from business address):

\_\_\_\_\_

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If you have any questions about the collection and use of this information, you may contact the securities regulatory authority in any jurisdiction in which the required information is filed, at the address or telephone number provided in Schedule "A".

**WARNING:**

It is an offence to submit information that, in a material respect and at the time and in the light of the circumstances in which it is submitted, is misleading or untrue.

**CERTIFICATION**

**The following certification is to be used when submitting this form in NRD format:**

I am making this submission as agent for the NRD filer. By checking this box I certify that all statements of fact in this submission were provided to me by the NRD filer.

**The following certification is to be used when submitting this form in paper format:**

I, the undersigned, certify that I have read and that I understand the questions in this notice and the Warning set out above. I also certify that all statements of fact made in the answers to the questions are true.

\_\_\_\_\_  
Signature of authorized officer or partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm name

**SCHEDULE A  
NOTICE AND COLLECTION AND USE OF PERSONAL INFORMATION**

**Contact Information**

**Alberta**

Alberta Securities Commission,  
4th Floor, 300 B 5th Avenue S.W.  
Calgary, AB T2P 3C4  
Attention: Information Officer  
Telephone: (403) 297-6454

**British Columbia**

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P.O. Box 10142, Pacific Centre  
701 West Georgia Street  
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Attention: Freedom of Information Officer  
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1130-405 Broadway  
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Telephone: (204) 945-4508

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Attention: Director, Market Regulation  
Telephone: (506) 658-3021

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Tel: (709) 729-4189

**Nova Scotia**

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2nd Floor, Joseph Howe Building  
1690 Hollis Street  
P.O. Box 458  
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Attention: FOI Officer  
Telephone: (902) 424-7768

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Attention: Deputy Registrar of Securities  
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**Nunavut**

Legal Registries Division  
Department of Justice  
Government of Nunavut  
P.O. Box 1000 Station 570  
Iqaluit, NU X0A 0H0  
Attention: Deputy Registrar of Securities  
Telephone: (867) 975-6190

**Ontario**

Ontario Securities Commission  
Suite 1903, Box 55  
20 Queen Street West  
Toronto, ON M5H 3S8  
Attention: FOI Coordinator  
Telephone: (416) 593-8314

**Prince Edward Island**

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Insurance Services Division  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
Attention: Deputy Registrar of Securities  
Telephone: (902) 368-4569

**Québec**

Autorité des marchés financiers  
Stock Exchange Tower  
P.O. Box 246, 22nd Floor  
800 Victoria Square  
Montréal, PQ H4Z 1G3  
Attention: Responsable de l'accès à l'information  
Telephone: (514) 940-2150 or  
(800) 361-5072 (in Québec)

**Saskatchewan**

Saskatchewan Securities Commission  
800 B1920 Broad Street  
Regina, SK S4P 3V7  
Attention: Director  
Telephone: (306) 787-5842

**Yukon**

Department of Community Services Yukon  
P.O. Box 2703  
Whitehorse, YU Y1A 2C6  
Attention: Registrar of Securities  
Telephone: (867) 667-5225

**FORM 33-109F4  
APPLICATION FOR REGISTRATION OF INDIVIDUALS AND REVIEW OF  
PERMITTED INDIVIDUALS**

In this form, “you”, “your” and “applicant” mean the person who is applying for registration or approval as an individual under [the national registration rule].

“Sponsoring firm” means the registered firm where you will carry out your duties as a registered or permitted individual.

“Derivatives” means financial instruments, such as futures contracts, options and swaps whose market price, value or payment obligations are derived from or based on one or more underlying interests. Derivatives can be in the form of instruments, agreements or securities.

“Major shareholder” means a shareholder who, in total, directly or indirectly holds voting securities carrying 10 per cent or more of the votes carried by all outstanding voting securities.

“Approved person” means, in respect of a member of the IDA (Member), an individual who is a partner, director, officer, employee or agent of a Member who is approved by the IDA or another Canadian self-regulatory organization to perform any function required under any IDA By-law, Regulation, or Policy.

Several terms used in this form are defined in the securities legislation of your province or territory. Please refer to those local definitions.

[Online version] If you have questions, please contact an authorized officer of your sponsoring firm or a legal adviser, or visit the national registration database (NRD) information website at [www.nrd-info.ca](http://www.nrd-info.ca).

[Paper version] Complete this form if you are relying on the temporary hardship exemption in Regulation 31-102 respecting National Registration Database. Otherwise, complete and submit this form online at the national registration database (NRD) website at [www.nrd-info.ca](http://www.nrd-info.ca).

If you need more space, use a separate sheet of paper, clearly identifying the section and item. Please complete and sign the form, and send it to the appropriate Canadian securities regulator(s), self-regulatory organization (SRO) or similar authority. The number of originally signed copies of the form you are required to submit depends on the province or territory, and jurisdiction.

Failure to answer all applicable questions may cause delays in the processing of the application form.

If you have questions, please contact an authorized officer of your sponsoring firm or a legal adviser, or visit the national registration database (NRD) information website at [www.nrd-info.ca](http://www.nrd-info.ca).

**Item 1 – Name**

**1. Legal name**

\_\_\_\_\_  
Last Name                      First Name                      Second Name (N/A )      Third Name (N/A )

**2. Other personal names**

Are you currently, or have you ever been, known by any names other than your full legal name above?

Yes  No

If "yes", complete Schedule A

**3. Business names**

Are you currently, or have you ever used, operated under, or carried on business under any name (e.g., trade names, team names) other than the name(s) mentioned above?

Yes  No

If "yes", complete Schedule A

**Item 2 – Residential address**

Provide all residential addresses, including any foreign residential addresses, for the past 10 years.

**1. Current residential address**

\_\_\_\_\_  
Number, street

\_\_\_\_\_  
City, province, territory or state, country, postal code

Telephone number: \_\_\_\_\_

Lived at this address since: \_\_\_\_\_  
(YYYY/MM)

If you have resided at this address for less than 10 years, complete Schedule B.

**2. Mailing address**

Check here if your mailing address is the same as your current residential address provided above. Otherwise, complete the following:

\_\_\_\_\_  
Number, street

\_\_\_\_\_  
City, province, territory or state, country, postal code

**Item 3 – Personal information**

1. Date of birth: \_\_\_\_\_  
(YYYY/MM/DD)

2. Place of birth: \_\_\_\_\_  
City, province, territory or state, country

3. Gender: Female  Male

4. Eye colour:

5. Hair colour:

6. Height \_\_\_\_\_  in. \_\_\_\_\_  cm.

7. Weight \_\_\_\_\_  lbs. \_\_\_\_\_  kg.

#### Item 4 – Citizenship

##### Citizenship information

What is your citizenship?

Canadian

Other, specify: \_\_\_\_\_

If you are a citizen of any other countries besides Canada, complete the following for those other citizenships.

Passport number: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Date of issue: \_\_\_\_\_  
(YYYY/MM/DD)

Place of issue: \_\_\_\_\_  
(city, province, territory or state, country)

Check here if you do not have a valid passport

#### Item 5 – Registration jurisdictions

Indicate, by checking the appropriate box, each province or territory to which you are submitting this form:

Alberta

British Columbia

Manitoba

New Brunswick

Newfoundland and Labrador

Northwest Territories

Nova Scotia

Nunavut

Ontario

Prince Edward Island

Québec

Saskatchewan

Yukon

**Item 6 – Individual categories**

Indicate, by checking the appropriate box in Schedule C, each registration category for which you are applying. If you are a permitted individual, indicate each category that describes your position with your sponsoring firm.

**Item 7 – Address and agent for service****1. Address for service**

You must have one address for service in each province or territory where you are submitting this form. A post office box is not an acceptable address for service. A residential address is acceptable. Complete Schedule D for each additional address for service you are providing.

Address for service: \_\_\_\_\_  
 Number, street, City, province or territory, postal code

Telephone number: \_\_\_\_\_

Fax number, if applicable \_\_\_\_\_

E-mail address, if available \_\_\_\_\_

**2. Agent for service**

If you have appointed an agent for service, provide the following information for the agent in each province or territory where you have an agent for service. The address of your agent for service must be the same as the address for service above. If your agent for service is a firm, also provide the name of your contact person.

Name for agent for service: \_\_\_\_\_

Contact person: \_\_\_\_\_  
 Last name First name

**Item 8 - Proficiency****1. Course or examination information**

Complete Schedule E to indicate each course and examination that you have successfully completed or have been exempted from. Under "Other", include all post-secondary education, degrees and diplomas.

**2. Student numbers**

If you have a student number for a course that was successfully completed with one of the following institutions, provide it below:

Canadian Securities Institute (CSI): \_\_\_\_\_

Investment Funds Institute of Canada (IFIC): \_\_\_\_\_

Institute of Canadian Bankers (ICB): \_\_\_\_\_

CFA Institute: \_\_\_\_\_

Advocis: \_\_\_\_\_

**3. Exemption refusal**

Has any securities regulatory authority or self-regulatory organization refused to grant you an exemption from a course, examination or experience requirement?

Yes  No

If "Yes", complete Schedule F.

**Item 9 – Location of employment**

Provide the following information for the location of the sponsoring firm at which you will be working. If you will be working out of more than one location, provide the following information for the location out of which you will be doing most of your business.

NRD location number: \_\_\_\_\_

Unique Identification Number (optional): \_\_\_\_\_

Branch Transit number/Cost Centre number, if applicable: \_\_\_\_\_

Business address: \_\_\_\_\_  
(number, street, city, province, territory or state, country, postal code)

Telephone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

*[The following is for the paper version only]*

Type of Location:  Head Office  Branch  Sub-branch

Name of Branch Manager: \_\_\_\_\_

Effective date: \_\_\_\_\_

Check here if the mailing address of the location is the same as the business address provided above. Otherwise, complete the following:

Mailing address: \_\_\_\_\_  
(number, street, city, province, territory or state, country, postal code)

**Item 10 – Current employment and other business activities**

On Schedule G, provide the information requested for each of your current business and employment activities, including those with your sponsoring firm and outside of your sponsoring firm. If you are applying for a type of registration that requires specific experience, include details of that experience (for example, level of responsibility, value of accounts under direct supervision, number of years of that experience and research experience, as well as percentage of time spent on each activity).

**Item 11 – Previous employment**

On Schedule H, provide complete employment history for the 10-year period before the date of this application.

**Item 12 – Resignations and terminations**

Have you ever resigned, been terminated or discharged by an employer for just cause for dismissal from a position following allegations that you:

- (a) Violated any statutes, regulations, rules or standards of conduct?

Yes  No

If "Yes", complete Schedule I

- (b) Failed to supervise compliance with any statutes, regulations, rules or standards of conduct?

Yes  No

If "Yes", complete Schedule I

- (c) Committed fraud or the wrongful taking of property, including theft?

Yes  No

If "Yes", complete Schedule I

### Item 13 – Regulatory disclosure

#### 1. *Securities regulatory authorities*

- (a) Are you now, or have you ever been, registered or licensed with any securities regulator in any province, territory, state or country to trade in or advise on securities or derivatives?

Yes  No

Check here if the information has been recorded on NRD under the NRD number you are using to make this submission. Otherwise, complete Schedule J, section 1(a)

- (b) Have you ever been refused registration or a license to trade in or advise on securities or derivatives in any province, territory state or country?

Yes  No

If "Yes", complete Schedule J, section 1(b)

- (c) Have you ever been denied the benefit of any exemption from registration provided by any securities regulator in any province, territory, state or country, other than what was disclosed in Item 8(3) of this form?

Yes  No

If "Yes", complete Schedule J, section 1(c)

- (d) Are you now, or have you ever been subject to any disciplinary proceedings or any order resulting from disciplinary proceedings under any securities legislation or derivatives legislation in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule J, section 1(d)

#### 2. *Self-regulatory organizations*

- (a) Are you now, or have you ever been, an approved person of a self-regulatory organization or similar organization in any province, territory, state or country?

Yes  No

Check here if the information has been recorded on NRD under the NRD number you are using to make this submission. Otherwise, complete Schedule J, section 2(a).

(b) Have you ever been refused becoming an approved person of a self-regulatory organization or similar organization in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule J, section 2(b).

(c) Are you now, or have you ever been, subject to any disciplinary proceedings conducted by any self-regulatory organization or similar organization in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule J, section 2(c).

### 3. *Non-securities regulation*

(a) Are you now, or have you ever been, registered or licensed under any legislation which requires registration or licensing to deal with the public in any capacity other than to trade in or advise on securities or derivatives in any province, territory, state or country (e.g. insurance, accountant, lawyer, teacher)?

Yes  No

If "Yes", complete Schedule J, section 3(a)

(b) Have you ever been refused registration or a license under any legislation relating to your professional qualifications unrelated to securities in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule J, section 3(b)

(c) Are you now, or have you ever been a subject of any disciplinary actions conducted under any legislation relating to your professional qualifications unrelated to securities in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule J, section 3(c)

### Item 14 – Criminal disclosure

Offences under federal statutes such as the *Income Tax Act (Canada)*, the *Competition Act (Canada)* and the *Immigration Act (Canada)* constitute criminal offences and must be disclosed when answering this question. It should be noted that pleas or findings of guilt for impaired driving are *Criminal Code (Canada)* matters and must be disclosed. Where you have been found guilty of an offence, such offence must be reported even though an absolute or conditional discharge has been granted. You are not required to report crimes for which you received an absolute or conditional discharge provided that it has been purged from the criminal records in accordance with the *Criminal Records Act (Canada)*. Under such circumstances, the appropriate response would be "No". You are not

required to disclose speeding, parking violations or any offence for which a pardon has been granted under the *Criminal Records Act (Canada)* and such pardon has not been revoked. Under such circumstances, the appropriate response would be "No".

If you do not tell us about an offence under any statute other than the *Young Offenders Act (Canada)* or the *Young Criminal Justice Act (Canada)*, we may treat it as a non-disclosure of material information.

With respect to questions (b) and (d) below, if you or your firm have been found guilty of an offence, or participated in the Alternative Measures Program, that offence must be reported even if an absolute or conditional discharge has been granted or the charge has been dismissed or withdrawn with respect to the offence. You are not required to disclose an offence for which you were found guilty if you participated in the Alternative Measures Program for the offence if your participation in the Alternative Measures program occurred more than three years ago.

(a) Are there any outstanding or stayed charges against you alleging an offence that was committed in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule K, section (a).

(b) Have you ever been found guilty or pleaded no contest to, or were granted an absolute or conditional discharge from, any offence that was committed in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule K, section (b).

(c) To the best of your knowledge, are there any outstanding charges against any firm of which you were, at the time the offence was alleged to have taken place in any province, territory, state or country, a partner, director, officer or major shareholder?

Yes  No

If "Yes", complete Schedule K, section (c).

Check here if the firm is your sponsoring firm or a firm that is or was registered in a Canadian jurisdiction and identified in response to Item 13(1)(a) and/or recorded on NRD. Otherwise, complete Schedule K, section (c).

(d) To the best of your knowledge, has any firm, when you were a partner, officer, director or major shareholder, ever been found guilty or pleaded no contest to, or was granted an absolute or conditional discharge from, an offence that was committed in any province, territory, state or country?

Yes  No

If "Yes", complete Schedule K, section (d).

Check here if the firm is your sponsoring firm or a firm that is or was registered in a Canadian jurisdiction and identified in response to Item 13(1)(a) and/or recorded on NRD. Otherwise, complete Schedule K, section (d).

**Item 15 – Civil disclosure**

(a) Are there currently any outstanding civil actions alleging fraud, theft, deceit, misrepresentation, or similar misconduct against you or a firm where you are or were a partner, director, officer or major shareholder in any province, territory, state or country?

Yes  No

If “Yes”, complete Schedule L, section (a).

(b) Have you or a firm where you are or were a partner, director, officer or major shareholder ever been a defendant or respondent in any civil proceeding in which fraud, theft, deceit, misrepresentation, or similar misconduct is, or was, successfully established in a judgement in any province, territory, state or country?

Yes  No

If “Yes”, complete Schedule L, section (b).

**Item 16 – Financial disclosure****1. Bankruptcy**

Under the laws of any applicable jurisdictions, have you, or has any firm when you were a partner, director, officer or major shareholder of that firm:

(a) Had a petition in bankruptcy issued or made a voluntary assignment in bankruptcy?

Yes  No

If “Yes”, complete Schedule M, section 1(a)

(b) Made a proposal under any legislation relating to bankruptcy or insolvency?

Yes  No

If “Yes”, complete Schedule M, section 1(b)

(c) Been subject to proceedings under any legislation relating to the winding up, the dissolution or the companies’ creditors arrangement?

Yes  No

If “Yes”, complete Schedule M, section 1(c)

(d) Been subject to or initiated any proceedings, arrangement or compromise with creditors. This includes having a receiver, receiver-manager, administrator or trustee appointed by or at the request of creditors, privately, through court process or by order of a securities regulatory authority, to hold your assets?

Yes  No

If “Yes”, complete Schedule M, section 1(d)

**2. Debt Obligations**

For the past ten years, have you failed to meet a financial obligation of \$5,000 or more as it came due, or to the best of your knowledge, has any firm, while you were a

partner, director, officer or major shareholder of, failed to meet a financial obligation as it came due?

Yes  No

If "Yes", complete Schedule M, section 2.

### 3. Surety bond or fidelity bond

Have you ever been refused for a surety or fidelity bond?

Yes  No

If "Yes", complete Schedule M, section 3.

### 4. Garnishments, unsatisfied judgements or directions to pay

Has any federal, provincial, territorial or state authority ever issued any of the following against you or a firm where you are or were a partner, director, officer or major shareholder :

	<b>Yes</b>	<b>No</b>
Garnishment	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfied judgement	<input type="checkbox"/>	<input type="checkbox"/>
Direction to pay	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", complete Schedule M, section 4.

### Item 17 – Ownership of securities firms

Are you now, or have you ever been, a partner or major shareholder of any firm (including your sponsoring firm) whose business is trading in or advising on securities or derivatives?

Yes  No

If "Yes", complete Schedule N

### Agent for service

By submitting this form, you certify that in each Canadian jurisdiction where you have appointed an agent for service, you have completed the appointment of agent for service required in that jurisdiction.

### Submission to jurisdiction

By submitting this form, you:

- are subject to the securities and/or derivatives legislation of each Canadian jurisdiction and you agree that you are subject to the by-laws, regulations, rules, rulings and policies (hereunder collectively referred to as "rules") of the self regulatory organizations (SROs) to which you have submitted this form, including the jurisdiction of any tribunals or any proceedings that relate to your activities as a registrant or a partner, director or officer of a registrant under that securities and/or derivatives legislation or as an Approved Person under those SRO rules.

### **Collection and use of personal information**

Securities regulators require personal information about you as part of the review of your application for registration or approval, and if you are approved, to assess whether you continue to meet the registration requirements. This includes information that your sponsoring firm may disclose to the regulators concerning your conduct or alleged conduct.

This information is collected under the requirements set out in securities and/or derivatives legislation and SRO rules and will only be used to administer and enforce provisions of this legislation or SRO rules. In addition to personal information collected on this form, securities regulators may also need to collect personal information from other government organizations, law enforcement bodies, self regulatory bodies and private sector organizations. This information may include police records, regulatory records, credit records and other employment records.

By submitting this form, you consent to the collection and disclosure of your personal information (i) by securities regulators, (ii) by your sponsoring firm, in each case, for registration and other related regulatory purposes.

If you have any questions about the collection and use of your personal information, contact the securities regulator in the relevant jurisdiction. Please see Schedule O for details. In Québec, you can also contact the Commission d'accès à l'information at 1-888-528-7741 or visit its website at [www.cai.gouv.qc.ca](http://www.cai.gouv.qc.ca).

### **Self-Regulatory Organizations**

The principal purpose for the collection of personal information is to assess your suitability for registration or approval and to assess your continued fitness for registration or approval in accordance with the applicable securities legislation and the rules of the self-regulatory organizations.

By submitting this application, you authorize the self-regulatory organizations to which this application is submitted to collect any information from any source whatsoever, including, but not limited to, personal confidential information about you that is otherwise protected by law such as, police, credit, employment, education and proficiency course completion records, and records from other government or non-governmental regulatory authorities, securities commissions, stock exchanges, or other self-regulatory organizations, private bodies, agencies, individuals or corporations, as may be necessary for the self-regulatory organizations to complete their review of your application or continued fitness for registration or approval in accordance with their rules for the duration of the period you remain so registered or approved. You further consent to and authorize the transfer of confidential information between self-regulatory organizations, securities commissions or stock exchanges to which you now, or may in the future, apply for registration or approval, or with which you are currently registered or approved for the purpose of determining fitness or continued fitness for registration or approval or in connection with the performance of an investigation or other exercise of regulatory authority, whether or not you are registered with or approved by them.

By submitting this application, you certify that you are conversant with the rules of the applicable self-regulatory organizations of which you are seeking registration or approval or of which your sponsoring firm is a member or participating organization. You also undertake to become conversant with the rules of any self-regulatory organizations of which you or your sponsoring firm becomes a member or participating organization. You agree to be bound by, observe and comply with these rules as they are from time to time amended or supplemented, and you agree to keep yourself fully informed about them as they are amended and supplemented. You submit to the jurisdiction of the self-regulatory organizations to which you are applying for registration or approval, or of which your sponsoring firm is now or in the future becomes a member or participating organization and, wherever applicable, their Governors, Directors and Committees. You agree that any registration or approval granted pursuant to this application may be revoked, terminated or

suspended at any time in accordance with the then applicable rules of the respective self-regulatory organizations. In the event of any such revocation or termination, you must terminate all activities which require registration or approval and, thereafter, not perform services that require registration or approval for any member of the self-regulatory organizations or any approved affiliated company or other affiliate of such member without obtaining the approval of or registration with the self-regulatory organizations, in accordance with their rules.

By submitting this application, you undertake to notify the self-regulatory organizations to which you are applying for registration or approval or with which you are currently or may in the future be registered or approved of any material change to the information herein provided in accordance with their respective rules. You agree to the transfer of this application form, without amendment, to other self-regulatory organizations in the event that at some time in the future you apply to such other self-regulatory organizations for registration or approval.

You certify that you have discussed the questions in this application, together with this Agreement, with an Officer or Branch Manager of your sponsoring member firm and, to your knowledge and belief, the authorized Officer or Branch Manager was satisfied that you fully understood the questions and the terms of this Agreement. You further certify that your business activities will be limited strictly to those permitted by the category of your registration or approval.

**It is an offence under securities and/or derivatives legislation to provide false or misleading information on this form.**

[Online version]

#### **Certification**

I am making this submission as agent for the applicant. By checking this box, I certify that the applicant provided me with all of the information on this form.

[Paper version]

#### **Signatures**

##### **Applicant**

By signing below, you confirm that:

- you have read and understand the questions in this form
- you understand that it is an offence under the securities and/or derivatives legislation to provide false or misleading information on this form
- all of the information provided on this form is true.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

##### **Authorized partner or officer**

By signing below, you confirm that:

- the applicant will be engaged by the sponsoring firm as a registered individual or a permitted individual

- you have discussed the questions set out in this form with the applicant and are satisfied that he or she fully understands the questions.

\_\_\_\_\_  
Name of firm

\_\_\_\_\_  
Name of authorized signing officer

\_\_\_\_\_  
Title of authorized signing officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed (YYYY/MM/DD)

**SCHEDULE A****Name**Item  1**Other personal names**

_____	_____	_____	_____
Last Name	First Name	Second Name (N/A <input type="checkbox"/> )	Third Name (N/A <input type="checkbox"/> )

Provide the reasons for the use of this name (for example, marriage, divorce, court order, commonly used name or nickname).

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

_____	_____	_____	_____
Last Name	First Name	Second Name (N/A <input type="checkbox"/> )	Third Name (N/A <input type="checkbox"/> )

Provide the reasons for the use of this name (for example, marriage, divorce, court order, commonly used name or nickname).

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

_____	_____	_____	_____
Last Name	First Name	Second Name (N/A <input type="checkbox"/> )	Third Name (N/A <input type="checkbox"/> )

Provide the reasons for the use of this name (for example, marriage, divorce, court order, commonly used name or nickname).

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

**Business names**

Name:

Provide the reason(s) for the use of this name (for example, trade name):

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

If the name is/was used in connection with your sponsoring firm, did the sponsoring firm approve the use of the name?

Name:

Provide the reason/s for the use of this name (for example, trade name):

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

If the name is/was used in connection with your sponsoring firm, did the sponsoring firm approve the use of the name?

\_\_\_\_\_  
Name

Provide the reason/s for the use of this name (for example, trade name):

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

If the name is/was used in connection with your sponsoring firm, did the sponsoring firm approve the use of the name?

**SCHEDULE B****Residential address**Item 2**Previous addresses**

A postal code (or ZIP code) and a telephone number are not required for any previous address.

Residential address: \_\_\_\_\_  
(number, street, city, province, territory or state, country)

When did you use this address? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

Residential address: \_\_\_\_\_  
(number, street, city, province, territory or state, country)

When did you use this address? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

Residential address: \_\_\_\_\_  
(number, street, city, province, territory or state, country)

When did you use this address? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

**SCHEDULE C****Individual Categories**Item  6**Categories**

Indicate, by checking the appropriate box, each category for which you are applying.

**Firm Categories Common to all Jurisdictions  
Under which firm category(ies) are you applying?**

- Investment Dealer
- Mutual Fund Dealer
- Scholarship Plan Dealer
- Exempt Market Dealer
- Restricted Dealer
- Portfolio Manager
- Restricted Portfolio Manager
- Investment Fund Manager

**Registration Categories and Permitted Activities**

- Dealing Representative
- Advising Representative
- Associate Advising Representative
- Ultimate Designated Person
- Chief Compliance Officer
- Officer
- Director
- Partner
- Shareholder
- Branch Manager (MFDA members only)
- Supervisor (IDA members only)

**Firm Categories Unique to Ontario  
Under which firm category(ies) are you applying?**

- Commodity Trading Adviser
- Commodity Trading Counsel
- Commodity Trading Manager
- Futures Commission Merchant

**Registration Categories and Permitted Activities**

- Advising Representative
- Salesperson
- Branch Manager
- Officer
- Director
- Partner
- Shareholder
- Supervisor (IDA members only)

**Firm Categories Unique to Manitoba  
Under which firm category(ies) are you applying?**

- Dealer (Merchant)
- Dealer (Futures Commission Merchant)
- Dealer (Floor Broker)
- Adviser

**Registration Categories and Permitted Activities**

- Floor Trader
- Floor Broker

- Salesperson
- Branch Manager
- Adviser
- Officer
- Director
- Partner
- Supervisor (IDA members only)

**Investment Dealers Association of Canada – Additional Information****Approval Categories**

- Executive
- Director (Non-Industry)
- Supervisor
- Investor
- Registered Representative
- Investment Representative
- Trader

**Designated Persons**

- Chief Compliance Officer
- Chief Financial Officer
- Ultimate Designated Person
- Designated Registered Options Principal
- Designated Registered Futures Options Principal

**Trading Activity**

- Non-Trading
- Equities
- Options
- Futures
- Mutual Funds only
- Portfolio Management
- Portfolio Management (Supervised)

**Account Type**

- Retail
- Non-Retail
- Not Applicable

**SCHEDULE D****Address and agent for service**Item  7**1. Address for service**

You must have one address for service in each province or territory in which you are now, or are applying to become, a registered individual or permitted individual. A post office box is not an acceptable address for service.

Address for service: \_\_\_\_\_  
(number, street, city, province or territory, postal code)

Telephone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. Agent for service**

If you have appointed an agent for service, provide the following information for the agent. The address for service provided above must be the address of the agent named below.

Name of agent for service: \_\_\_\_\_  
(if applicable)

Contact person: \_\_\_\_\_  
Last name First name

**SCHEDULE E****Proficiency**Item  8

<b>COURSE OR EXAMINATION</b>	<b>DATE COMPLETED (YYYY/MM/DD)</b>	<b>DATE EXEMPTED AND BY WHICH JURISDICTION OR SECURITIES REGULATORY AUTHORITY (YYYY/MM/DD)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other: _____	_____	_____

**SCHEDULE F****Proficiency**Item  8**Exemption refusal**

Complete the following for each exemption that was refused.

Which securities regulatory authority or self-regulatory organization refused to grant the exemption?

State the name of the course, examination or experience requirement:

State the reason given for not being granted the exemption:

Date exemption refused: \_\_\_\_\_  
(YYYY/MM/DD)

Which securities regulatory authority or self-regulatory organization refused to grant the exemption?

State the name of the course, examination or experience requirement:

State the reason given for not being granted the exemption:

Date exemption refused: \_\_\_\_\_  
(YYYY/MM/DD)

Which securities regulatory authority or self-regulatory organization refused to grant the exemption?

State the name of the course, examination or experience requirement:

State the reason given for not being granted the exemption:

Date exemption refused: \_\_\_\_\_  
(YYYY/MM/DD)

**SCHEDULE G****Current employment and other business activities**Item  10 Full-time student Employed or self-employedFrom: \_\_\_\_\_  
(YYYY/MM/DD)

You are only required to fill in the following if you have indicated above that you are employed or self-employed.

**Current Employment information**

Check here if your employment is with your sponsoring firm. If not, you are required to provide the firm name and address information for your current employer:

Name of business or employer:

\_\_\_\_\_

Address of business or employer:

\_\_\_\_\_

(number, street, city, province, territory or state, country)

Name and title of your immediate supervisor: \_\_\_\_\_

For your sponsoring firm, include a description of the duties you currently perform and intend to perform.

Describe all other employment or business activities related to this employer or business, whether or not the activities are related to investments. Include the nature of the business, your duties, start date, title or relationship with the business (including director or officer positions).

Indicate the number of hours per week you will be devoting to this business or employment.

Check here if you are working more than 30 hours per week for the sponsoring firm. Otherwise, explain why you are working less than 30 hours per week for the sponsoring firm.

Disclose any potential for confusion by clients and any potential for conflicts of interest arising from your proposed activities as a registrant with affiliated or unaffiliated sponsoring firm(s) and with the other business described above (include whether the other business is listed on an exchange). Confirm whether the firm has procedures for minimizing potential conflicts of interest and confirm that you are aware of these procedures.

**SCHEDULE H****Previous employment**Item  11

Provide the information requested for your previous business and employment activities for the 10-year period before the date of this application. Account for all time including full and part-time employment, self-employment, military service and homemaking. Include statuses such as unemployed, full-time education, extended travel, or other similar statuses. (Please do not include short-term employment (four months or less) while a student unless it was in the securities industry.)

In addition, provide the information requested for all of your securities or derivatives (including exchange contracts and options) business and employment activities during and prior to the ten-year period.

- Unemployed
- Full-time student
- Employed or self-employed

From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

You are only required to fill in the following if you have indicated above that you are, or were, employed or self-employed.

Name of business or employer:

\_\_\_\_\_

Address of business or employer:

\_\_\_\_\_

Number, street, city, province, territory or state, country

Name and title of immediate supervisor, if applicable: \_\_\_\_\_

Describe the firm's business, your position, duties and your relationship to the firm. If you are applying for a type of registration that requires specific experience, include details of that experience (for example, level of responsibility, value of accounts under direct supervision, number of year of that experience and research experience, as well as percentage of time spent on each activity):

Reason why you left the firm:

**SCHEDULE I****Resignations and terminations**Item  12

(a) For each allegation of violation of any statutes, regulations, rules or standards of conduct, indicate below, (1) the name of the firm from which you resigned, were terminated or discharged for just cause for dismissal, (2) whether you resigned, were terminated or discharged for just cause for dismissal, (3) the date you resigned, were terminated or discharged for just cause for dismissal, and (4) the circumstances relating to your resignation, termination or discharge for just cause for dismissal.

(b) For each allegation of failure to supervise compliance with any statutes, regulations, rules or standards of conduct, indicate below, (1) the name of the firm from which you resigned, were terminated or discharged for just cause for dismissal, (2) whether you resigned, were terminated or discharged for just cause for dismissal, (3) the date you resigned, were terminated or discharged for just cause for dismissal, and (4) the circumstances relating to your resignation, termination or discharge for just cause for dismissal.

(c) For each allegation of fraud or the wrongful taking of property, including theft, indicate below, (1) the name of the firm from which you resigned, were terminated or discharged for just cause for dismissal, (2) whether you resigned, were terminated or discharged for just cause for dismissal, (3) the date you resigned, were terminated or discharged for just cause for dismissal, and (4) the circumstances relating to your resignation, termination or discharge for just cause for dismissal.

**SCHEDULE J****Regulatory disclosure**Item  13**1. Securities regulatory authorities**

(a) For each registration or license, indicate below (1) the name of the firm, (2) the securities regulatory authority with which you are, or were, registered or licensed, (3) the type or category of registration or license, and (4) the dates between which you held the registration or license.

(b) For each registration or license refused, indicate below (1) the name of the firm, (2) the securities regulatory authority that refused the registration or license, (3) the type or category of registration or license refused, (4) the date of the refusal, and (5) the reasons for the refusal.

(c) For each exemption from registration denied or license refused, *other than what was disclosed in Item 8(3) of this form*, indicate below (1) the party that was refused the registration or license, (2) the securities regulatory authority that refused the registration or license, (3) the type or category of registration or license refused, (4) the date of the refusal, and (5) the reasons for the refusal.

(d) For each order or disciplinary proceeding, indicate below (1) the name of the firm, (2) the securities regulatory authority that issued the order or is conducting or conducted the proceeding, (3) the date any notice of proceeding was issued, (4) the date any order or settlement was made, (5) a summary of any notice, order or settlement (including any sanctions imposed), (6) whether you are or were a partner, director, officer or major shareholder of the firm and named individually in the order or disciplinary proceeding, and (7) any other relevant details.

**2. Self-regulatory organizations**

(a) For each approval, indicate below (1) the name of the firm, (2) the self-regulatory organization which you are or were an approved person, (3) the categories of approval, and (4) the dates you held the approval.

(b) For each approval refused, indicate below (1) the name of the firm, (2) the self-regulatory organization that refused the approval, (3) the category of approval refused, (4) the date of the refusal, and (5) the reasons for the refusal.

(c) For each order or disciplinary proceeding, indicate below (1) the name of the firm, (2) the self-regulatory organization that issued the order or that is, or was, conducting the proceeding, (3) the date any notice of proceeding was issued, (4) the date any order or settlement was made, (5) a summary of any notice, order or settlement (including any sanctions imposed), (6) whether you are or were a partner, director, officer or major shareholder of the firm and named individually in the order or disciplinary proceeding, and

(7) any other information that you think is relevant or that is requested by the securities regulatory authority.

### **3. *Non-securities regulation***

(a) For each registration or license, indicate below (1) the party who is, or was, registered or licensed (if insurance licensed, also indicate the name of the insurance agency), (2) with which regulatory authority, or under what legislation, the party is, or was, registered or licensed, (3) the type or category of registration or license, and (4) the dates between which the party held the registration or license.

(b) For each registration or license refused, indicate below (1) the party that was refused registration or licensing (if insurance licensed, also indicate the name of the insurance agency), (2) with which regulatory authority, or under what legislation, the registration or license was refused, (3) the type or category of registration or license refused, (4) the date of the refusal, and (5) the reasons for the refusal.

(c) For each order or disciplinary proceeding, indicate below (1) the party against whom the order was made or the proceeding taken (if insurance licensed, indicate the name of the insurance agency), (2) the regulatory authority that made the order or that is, or was, conducting the proceeding, or under what legislation the order was made or the proceeding is being, or was conducted, (3) the date any notice of proceeding was issued, (4) the date any order or settlement was made, (5) a summary of any notice, order or settlement (including any sanctions imposed), (6) whether you are or were a partner, director, officer or major shareholder of the firm and named individually in the order or disciplinary proceeding and (7) any other information that you think is relevant or that is requested by the securities regulatory authority.

**SCHEDULE K****Criminal disclosure**Item  14**Criminal offences**

(a) For each charge, indicate below (1) the type of charge, (2) the date of the charge, (3) any trial or appeal dates, and (4) the court location.

(b) For each finding of guilty, pleading no contest to, or granting of an absolute or conditional discharge indicate below (1) the offence, (2) the date found guilty, and (3) the disposition (state any penalty or fine and the date any fine was paid).

(c) For each charge, indicate below (1) the name of the firm, (2) the type of charge, (3) the date of the charge, (4) any trial or appeal dates, and (5) the court location.

(d) For each conviction, indicate below (1) the name of the firm, (2) the offence, (3) the date of the conviction, and (4) the disposition (state any penalty or fine and the date any fine was paid).

**SCHEDULE L****Civil disclosure**Item  15

(a) For each current and outstanding civil proceeding, state below (1) the dates the statement of claim and statement of defence were issued, (2) each plaintiff in the proceeding, (3) whether the proceeding is pending or on appeal, (4) whether the civil proceeding was about a firm where you are or were a partner, director, officer or major shareholder and whether you have been named individually in the allegations, and (5) the jurisdiction where the action is being pursued.

(b) For each civil proceeding, state below (1) the dates the statement of claim and statement of defence were issued, (2) each plaintiff in the proceeding, (3) the jurisdiction where the action was pursued, (4) whether the civil proceeding was about a firm where you are, or were a partner, director, officer or major shareholder and whether you have been named individually in the allegations and (5) a summary of any disposition or any settlement over \$10,000. (Disclosure must include those actions settled without admission of liability.)

**SCHEDULE M****Financial Disclosure**Item  16**1. Bankruptcy**

(a) For each event, indicate below (1) the date of the petition or voluntary assignment, (2) the person or firm about whom this disclosure is being made, (3) any amounts currently owing, (4) the creditors, (5) the status of the matter, (6) a summary of any disposition or settlement, (7) date of discharge or release, if applicable, and (8) any other information that you think is relevant or that is requested by the securities regulatory authority.

(b) For each event, indicate below (1) the date of the proposal, (2) the person or firm about whom this disclosure is being made, (3) any amounts currently owing, (4) the creditors, (5) the status of the matter, (6) a summary of any disposition or settlement, and (7) any other information that you think is relevant or that is requested by the securities regulatory authority.

(c) For each event, indicate below (1) the date of the proceeding, (2) the person or firm about whom this disclosure is being made, (3) the status of the matter, (4) a summary of any disposition or settlement, and (5) any other information that you think is relevant or that is requested by the securities regulatory authority.

(d) For each proceeding, arrangement or compromise with creditors, indicate below (1) the date of proceeding, (2) the person or firm about whom this disclosure is being made, (3) the status of the matter, (4) a summary of any disposition or settlement, and (5) any other information that you think is relevant or that is requested by the securities regulatory authority.

**2. Debt Obligation**

For each event, indicate below (1) the person or firm that failed to meet its financial obligation, (2) the amount that was owing at the time the person or firm failed to meet its financial obligation, (3) the person or firm to whom the amount is, or was, owing, (4) any relevant dates (for example, when payments are due or when final payment was made), (5) any amounts currently owing, and (6) any other information that you think is relevant or that is requested by the securities regulatory authority.

**3. Surety Bond or Fidelity Bond**

For each bond refused, indicate below (1) the name of the bonding company, (2) the address of the bonding company, (3) the date of the refusal, and (4) the reasons for the refusal.

**4. Garnishments, Unsatisfied Judgements or Directions to Pay**

For each garnishment, unsatisfied judgement or direction to pay, indicate below (1) the amount that was owing at the time the garnishment, judgement or direction to pay was rendered, (2) the person or firm to whom the amount is, or was, owing, (3) any relevant dates (for example, when payments are due or when final payment was made), (4) the percentage of earnings to be garnished or the amount to be paid, (5) any amounts currently owing, and (6) any other information that you think is relevant or that is requested by the securities regulatory authority.

**SCHEDULE N****Ownership of securities firms**Item  17

Indicate below (a) the name of the firm and (b) your relationship to the firm.

(a) Firm name:

(b) Relationship to the firm and period of relationship:

Partner From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (if applicable)  
(YYYY/MM) (YYYY/MM)

Major Shareholder (as defined in Item 13 of this form)

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (if applicable)  
(YYYY/MM) (YYYY/MM)

If you are a partner or major shareholder of the firm, provide the following information:

(a) State the number, value, class and percentage of securities or the amount of partnership interest you own or propose to acquire upon approval. If acquiring shares upon approval, state source (for example, treasury shares, or if upon transfer, state name of transferor).

(b) State the value (approximate, if necessary) of subordinated debentures or bonds of the firm to be held by you or any other subordinated loan to be made by you to the firm (if applicable):

(c) If another person or firm has provided you with funds to invest in the firm, identify the person or firm and state the relationship between you and that person or firm:

(d) Are the funds to be invested (or proposed to be invested) guaranteed directly or indirectly by any person or firm?

Yes  No

If "Yes", identify the person or firm and state the relationship between you and that person or firm:

(e) Have you either directly or indirectly given up any rights with respect to such securities or partnership interest, or do you, on approval of this application, intend to give up any such rights (including by hypothecation, pledging or depositing as collateral the securities or partnership interest with any institution or person)?

Yes  No

If "Yes", identify the person or firm, state the relationship between you and that person or firm and describe the rights that have been or will be given up:

(f) Is a person other than you the beneficial owner of the shares, bonds, debentures, partnership units or other notes held by you?

Yes  No

If "Yes", complete (g), (h) and (i).

(g) Name of beneficial owner:

Last name	First name	Second name <i>(if applicable)</i>	Third name <i>(if applicable)</i>
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(h) Residential address:

(number, street, city, province, territory or state, country, postal code)

(i) Occupation:

**SCHEDULE O**

**Who to contact if you have questions about the collection and use of your personal information.**

**Contact Information****Alberta**

Alberta Securities Commission,  
4th Floor, 300 B 5th Avenue S.W.  
Calgary, AB T2P 3C4  
Attention: Information Officer  
Telephone: (403) 297-6454

**British Columbia**

British Columbia Securities Commission  
P.O. Box 10142, Pacific Centre  
701 West Georgia Street  
Vancouver, BC V7Y 1L2  
Attention: Freedom of Information Officer  
Telephone: (604) 899-6500 or (800) 373-6393 (in BC)

**Manitoba**

The Manitoba Securities Commission  
500 – 400 St. Mary Avenue  
Winnipeg, MB R3C 4K5  
Attention: Director – Legal  
Telephone: (204) 945-0605

**New Brunswick**

New Brunswick Securities Commission  
Suite 300, 85 Charlotte Street  
Saint John, NB E2L 2J2  
Attention: Director, Market Regulation  
Telephone: (506) 658-3021

**Newfoundland and Labrador**

Securities Commission of Newfoundland and Labrador  
P.O. Box 8700, 2nd Floor, West Block  
Confederation Building  
St. John's, NF A1B 4J6  
Attention: Director of Securities  
Tel: (709) 729-4189

**Nova Scotia**

Nova Scotia Securities Commission  
2nd Floor, Joseph Howe Building  
1690 Hollis Street  
P.O. Box 458  
Halifax, NS B3J 3J9  
Attention: FOI Officer  
Telephone: (902) 424-7768

**Northwest Territories**

Government of the Northwest Territories  
P.O. Box 1320  
Yellowknife, NWT X1A 2L9  
Attention: Deputy Registrar of Securities  
Telephone: (867) 920-8984

**Nunavut**

Legal Registries Division  
Department of Justice  
Government of Nunavut  
P.O. Box 1000 Station 570  
Iqaluit, NU X0A 0H0  
Attention: Deputy Registrar of Securities  
Telephone: (867) 975-6190

**Ontario**

Ontario Securities Commission  
Suite 1903, Box 55  
20 Queen Street West  
Toronto, ON M5H 3S8  
Attention: FOI Coordinator  
Telephone: (416) 593-8314

**Prince Edward Island**

Securities Registry  
Office of the Attorney General B Consumer, Corporate and  
Insurance Services Division  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
Attention: Deputy Registrar of Securities  
Telephone: (902) 368-4569

**Québec**

Autorité des marchés financiers  
Stock Exchange Tower  
P.O. Box 246, 22nd Floor  
800 Victoria Square  
Montréal, PQ H4Z 1G3  
Attention: Responsable de l'accès à l'information  
Telephone: (514) 395-0337 or (877) 525-0337 (in Québec)

**Saskatchewan**

Saskatchewan Financial Services Commission  
800 B1920 Broad Street  
Regina, SK S4P 3V7  
Attention: Director  
Telephone: (306) 787-5842

**Yukon**

Department of Community Services Yukon  
P.O. Box 2703  
Whitehorse, YU Y1A 2C6  
Attention: Registrar of Securities  
Telephone: (867) 667-5225

**FORM 33-109F5  
CHANGE OF INFORMATION IN FORM 33-109F4**

**General Instructions**

1. This notice must be submitted when notifying a securities regulatory authority of changes to Form 33-109F6 or Form 33-109F4 information in accordance with Regulation 33-109 respecting Registration Information.

2. If the NRD filer is relying on the temporary hardship exemption in Regulation 31-102 respecting National Registration Database, this form is required to be delivered to the securities regulatory authority in paper format when notifying a securities regulatory authority of changes to Form 33-109F4.

3. If this form is being submitted in respect of a change to a Form 33-109F6 or Form 33-109F4 an authorized partner or officer of the firm must sign the form.

**1. Type of form**

Identify the part of the Form 33-109F6 or Form 33-109F4 for which this notice is being provided. If this notice is being provided to update an individual's Form 33-109F4, provide the name of the individual.

- Form 33-109F6, Item(s), or \_\_\_\_\_
- Form 33-109F4, Item(s) , \_\_\_\_\_  
name of individual \_\_\_\_\_

**2. Details of Change**

Provide the details of the change for each item identified above:

**Notice of Collection and Use of Personal Information**

The personal information required under this form is collected on behalf of and used by the securities regulatory authorities set out below for the administration and enforcement of certain provisions of the securities legislation in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador, Northwest Territories, Yukon Territory, and Nunavut. By submitting this information you consent to the collection by the securities regulatory authority of the personal information provided above, police records, records from other government or non-governmental regulatory authorities or self-regulatory organizations, credit records and employment records about you as may be necessary for the securities regulatory authority to complete its review of your continued fitness for registration, if applicable, in accordance with the legal authority of the securities regulatory authority for the duration of the period which you remain registered or approved by the securities regulatory authority.

The sources the securities regulatory authority may contact include government and private bodies or agencies, individuals, corporations and other organizations.

If you have any questions about the collection and use of this information, you may contact the securities regulatory authority in any jurisdiction in which the required information is filed, at the address or telephone number provided in Schedule "A".

**WARNING:**

It is an offence to submit information that, in a material respect and at the time and in the light of the circumstances in which it is submitted, is misleading or untrue.

**CERTIFICATION**

I, the undersigned, certify that I have read and that I understand the questions in this notice and the Warning set out above. I also certify that all statements of fact made in the answers to the questions are true.

\_\_\_\_\_  
Signature of registered or permitted individual

\_\_\_\_\_  
Date

(No signature is required here if this form is being submitted in respect of a change to Form 33-109F6 information.)

If this form is being submitted in respect of a change to Form 33-109F6, I, the undersigned, certify that I understand the requirements and the Warning in this notice and that all statements of fact provided in this notice are true.

\_\_\_\_\_  
Signature of authorized officer or partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm name

**SCHEDULE A  
NOTICE AND COLLECTION AND USE OF PERSONAL INFORMATION**

**Contact Information**

**Alberta**

Alberta Securities Commission,  
4th Floor, 300 B 5th Avenue S.W.  
Calgary, AB T2P 3C4  
Attention: Information Officer  
Telephone: (403) 297-6454

**British Columbia**

British Columbia Securities Commission  
P.O. Box 10142, Pacific Centre  
701 West Georgia Street  
Vancouver, BC V7Y 1L2  
Attention: Freedom of Information Officer  
Telephone: (604) 899-6500 or (800) 373-6393 (in BC)

**Manitoba**

The Manitoba Securities Commission  
1130-405 Broadway  
Winnipeg, MB R3C 3L6  
Attention: Director - Legal  
Telephone: (204) 945-4508

**New Brunswick**

New Brunswick Securities Commission  
Suite 300, 85 Charlotte Street  
Saint John, NB E2L 2J2  
Attention: Director, Market Regulation  
Telephone: (506) 658-3021

**Newfoundland and Labrador**

Securities Commission of Newfoundland and Labrador  
P.O. Box 8700, 2nd Floor, West Block  
Confederation Building  
St. John's, NF A1B 4J6  
Attention: Director of Securities  
Tel: (709) 729-4189

**Nova Scotia**

Nova Scotia Securities Commission  
2nd Floor, Joseph Howe Building  
1690 Hollis Street  
P.O. Box 458  
Halifax, NS B3J 3J9  
Attention: FOI Officer  
Telephone: (902) 424-7768

**Northwest Territories**

Government of the Northwest Territories  
P.O. Box 1320  
Yellowknife, NWT X1A 2L9  
Attention: Deputy Registrar of Securities  
Telephone: (867) 920-8984

**Nunavut**

Legal Registries Division  
Department of Justice  
Government of Nunavut  
P.O. Box 1000 Station 570  
Iqaluit, NU X0A 0H0  
Attention: Deputy Registrar of Securities  
Telephone: (867) 975-6190

**Ontario**

Ontario Securities Commission  
Suite 1903, Box 55  
20 Queen Street West  
Toronto, ON M5H 3S8  
Attention: FOI Coordinator  
Telephone: (416) 593-8314

**Prince Edward Island**

Securities Registry  
Office of the Attorney General B Consumer, Corporate and  
Insurance Services Division  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
Attention: Deputy Registrar of Securities  
Telephone: (902) 368-4569

**Québec**

Autorité des marchés financiers  
Stock Exchange Tower  
P.O. Box 246, 22nd Floor  
800 Victoria Square  
Montréal, PQ H4Z 1G3  
Attention: Responsable de l'accès à l'information  
Telephone: (514) 940-2150 or  
(800) 361-5072 (in Québec)

**Saskatchewan**

Saskatchewan Securities Commission  
800 B1920 Broad Street  
Regina, SK S4P 3V7  
Attention: Director  
Telephone: (306) 787-5842

**Yukon**

Department of Community Services Yukon  
P.O. Box 2703  
Whitehorse, YU Y1A 2C6  
Attention: Registrar of Securities  
Telephone: (867) 667-5225

**FORM 33-109F6  
APPLICATION FOR REGISTRATION AS A DEALER, ADVISER OR  
INVESTMENT FUND MANAGER FOR SECURITIES AND/OR DERIVATIVES**

[paper version]

Complete this form to apply for the firm's initial registration in any province or territory of Canada. If you are unable to answer the question fully on the form, attach additional details as a schedule using a separate sheet of paper, clearly identifying the relevant section and item.

Please complete and sign the form, and send it to the appropriate Canadian securities regulator(s) in each Canadian jurisdiction where the firm is applying for registration. Make sure to include the required attachments, including all schedules, and have them initialed and dated by a senior officer of the applicant firm.

**A. Contact information**

1. Legal name of the applicant firm
2. Other than the legal name of the applicant firm provided in Item A.1, please list the names the applicant firm will be "carrying on business as" and any trade names the applicant firm operates under.

Please provide effective date of trade names and the end date if applicable.

3. List all the previous names ever used by the applicant firm, and all previous names used by any of its affiliates or predecessors within the last 10 years

4. Address

Head office address

Telephone number (land line)                      Fax number

E-mail address    Website (If not applicable to your firm, indicate N/A)

Mailing address (if different from head office address)

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If the head office is not in Canada, does the applicant firm have a place of business in Canada?

Yes                       No

If yes, provide the mailing address.

5. Key contact person for the applicant firm (This is the primary person with whom the regulators will address all matters relating to the application and ongoing requirements. This person may be external legal counsel to the applicant firm.)

Name    Telephone number

Firm Name (if not applicant firm name)

Title    E-mail address



## 6. Address for service in home jurisdiction

If address for service is the same address as the head office address, check this box

7. Who is responsible for the applicant firm's compliance in the Canadian jurisdiction(s) where the firm is applying for registration (e.g. Ultimate Designated Person and Chief Compliance Officer)? If it is the same person as indicated in question 5, state this.

Name of UDP:	NRD #:
Title:	E-mail address:
Telephone number:	Province or territory:

Name of CCO:	NRD #:
Title:	E-mail address:
Telephone number:	Province or territory:

8. Who is the Chief Authorized Firm Representative for the National Registration Database (NRD)?

Name of CAFR:	NRD # if applicable:
Title:	E-mail address:
Telephone number:	Province or territory:

**B. Jurisdictions where firm is applying****Corporate Registration Number or Québec Enterprise Number (NEQ)**

Alberta	<input type="checkbox"/>	_____
British Columbia	<input type="checkbox"/>	_____
Manitoba	<input type="checkbox"/>	_____
New Brunswick	<input type="checkbox"/>	_____
Newfoundland & Labrador	<input type="checkbox"/>	_____
Northwest Territories	<input type="checkbox"/>	_____
Nova Scotia	<input type="checkbox"/>	_____
Nunavut	<input type="checkbox"/>	_____
Ontario	<input type="checkbox"/>	_____
Prince Edward Island	<input type="checkbox"/>	_____
Quebec	<input type="checkbox"/>	_____
Saskatchewan	<input type="checkbox"/>	_____
Yukon	<input type="checkbox"/>	_____

**C. Categories of registration**

What type of registration is the firm applying for? (Check all that apply.)

**In all jurisdictions or in some jurisdictions where the firm is applying for registration**

(identify the jurisdictions)

- |                                     |                          |       |
|-------------------------------------|--------------------------|-------|
| <b>Investment dealer</b>            | <input type="checkbox"/> | _____ |
| <b>Mutual fund dealer</b>           | <input type="checkbox"/> | _____ |
| <b>Scholarship plan dealer</b>      | <input type="checkbox"/> | _____ |
| <b>Exempt market dealer</b>         | <input type="checkbox"/> | _____ |
| <b>Restricted dealer</b>            | <input type="checkbox"/> | _____ |
| <b>Investment fund manager</b>      | <input type="checkbox"/> | _____ |
| <b>Portfolio manager</b>            | <input type="checkbox"/> | _____ |
| <b>Restricted portfolio manager</b> | <input type="checkbox"/> | _____ |

**D. Business structure and history**

- Type of legal structure (e.g. corporation, partnership, sole proprietor)
- In which state/province and country are the majority of the senior officers located?
- Provide a brief history of the applicant firm and any affiliates, i.e. nature of the applicant firm's business and how long it has been in business.
- Has the applicant firm amalgamated with, merged, made arrangements with, or reorganized, within the last 10 years?

Yes  No

If yes, provide names of entities, relevant dates, and type of transaction.

- List all beneficial owners of the applicant firm that own, directly or indirectly, or exercise control or direction over, 10 per cent or more of the voting securities of the firm.

<b>Name</b>	<b>Date of birth (if applicable)</b>	<b>Title (if applicable)</b>	<b>E-mail address</b>	<b>Security ownership (class, type, amount and voting percentage)</b>

- List all of the principals (i.e. officers, directors, senior management, and permitted individuals as defined in Regulation 33-109 respecting Registration Information) of the applicant firm. (If they are the same as above, state this.)

Name	Title	E-mail address	NRD #

**Please attach the following documents:**

7. A business plan for the next five years that includes:

- the nature of services, including types of securities and/or derivatives to be distributed or discretionary or non-discretionary advice provided

In this form, “derivatives” means financial instruments, such as futures contracts, options and swaps whose market price, value or payment obligations are derived from or based on one or more underlying interests. Derivatives can be in the form of instruments, agreements or securities.

- relating to the financial services to be provided, please provide details of relationships and any arrangements and/or contracts with other persons and/or companies
- proposed or existing investment models for your portfolios, sectors and types of securities in models, research to be conducted, etc.
- products the applicant firm intends to develop, manage or administer and how they will be distributed
- the applicant firm’s intentions about providing any financial services, such as lending or margining
- target client market (e.g. accredited investors, retail clients, types of institutions, etc.)
  - how assets of clients will be held
  - identify names of third parties holding assets
  - fees charged to clients (e.g. commissions, percentage of profits, transaction fees, pre-paid fees)
  - details of outsourcing arrangements, such as names of entities involved, dates of agreements, and relationship with those entities.
  - list of products that will be sold under an exemption and which exemptions the applicant firm intends to rely on
    - number of representatives and branches anticipated
    - plans for non-securities business activities requiring a license
    - plans for non-securities business that is not subject to licensing or registration

8 Organization chart showing the applicant firm’s reporting structure. This must include directors, senior officers/partners, ultimate designated person and chief compliance officer.

9. Ownership chart showing all controlling and beneficial owners and affiliates.

10. Copy of the articles of incorporation or any other constating document. If the applicant firm is a partnership or sole proprietor, provide a copy of the partnership agreement or registration of trade name.

**E. Capital requirements**

1. If the applicant firm is less than five years old, where did the applicant firm's start-up capital come from and what was the amount?

2. For assets of the applicant firm held by a financial institution, provide the following:

Name and address of financial institution	Description of asset	Amounts (\$)

3(A). Are any people acting as guarantor for the applicant firm?

Yes  No

If yes and the guarantor has an NRD number, please provide this number \_\_\_\_\_

If yes, provide the names, address, telephone number and email address of the guarantor(s).

\_\_\_\_\_

If yes, disclose any influence the guarantor(s) may have over the applicant firm and any potential for conflict of interest the firm may have with the individual(s) acting as guarantor(s), and describe how the applicant firm will minimize the potential for conflict of interest.

\_\_\_\_\_

3(B). Is the applicant firm acting as a guarantor? If so, please provide details.

\_\_\_\_\_

4. Does the applicant firm currently have any executed subordination agreements in relation to any loans from an associate owing by the firm?

Yes  No

If yes, provide a copy of each agreement.

**Please attach the following documents:**

- Calculation of excess working capital form (for non SRO members use Form 31-103F1; for SRO members use the appropriate capital calculation form required to be filed by the SRO).

- Audited financial statements prepared within the last 90 days (Note: we will accept an opening balance sheet if the applicant firm is a start-up company).

**F. Financial information**

1. Fiscal year end (MM/DD)  
(If the applicant firm does not have a definite date for its year end, state this and provide details)

2. Firm's auditor

3. Insurance (for securities-related activities in all jurisdictions)

Name of insurer	Specific insuring agreements	Policy #
Amount of coverage \$	Amount of the deductible \$	Renewal date
List jurisdictions where insurance is held		

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If the applicant firm has made an application to exempt it from insurance coverage that is not in the form of a Financial Institution Bond, provide details demonstrating that the insurance coverage is equivalent to this bond and that it has more appropriate coverage.

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Does the applicant firm's insurance cover all jurisdictions where it is applying for registration?

Yes  No  N/A

If No or N/A, explain why \_\_\_\_\_

4. Has the applicant firm or any of its affiliates ever been declared bankrupt or made an assignment in bankruptcy?

Yes  No

If yes, provide details about how and when it happened, whether it was voluntary or involuntary, and the jurisdiction.

5. Has the applicant firm or any of its affiliates ever appointed a receiver or receiver manager, or had one appointed?

Yes  No

If yes, provide details, the date and the jurisdiction.

6. In the last ten years, has the applicant firm ever,

been denied bonding?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
made a claim on a bond?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
had a bond revoked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, provide details of the bond, the date and the jurisdiction and the reasons for the denial, claim or revocation.

7. Has the applicant firm made any claims to its insurance company during the last ten years for any securities-related activity?

Yes  No

If yes, provide amount of the claim, the date and the jurisdiction.

**Please attach the following documents:**

- Letter of direction authorizing the auditor to conduct any audit of the applicant firm that the securities regulatory authority may request at any time while the firm is registered. The letter must state that applicant firm will pay for the costs of the audit and will provide the securities regulatory authority with a copy of the report if requested.
- Directors' resolution on sufficiency of insurance for the securities-related activities.

**G. Operations**

1. Does the applicant firm have any conflicts of interest related to securities or financial dealings of clients? For example, relationships with other registrants, referral arrangements with other registrants, or any affiliates registered in the same category for which the applicant is seeking registration.

Yes  No

If yes, provide details.

2. Does the applicant firm take possession or intend to take possession of client funds and/or securities?

Yes  No

If yes, provide name and address for each bank where the trust accounts are held

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**Please attach the following documents:**

- Policies and procedures manual
- Account opening documentation including the firm's Know Your Client form
- Written policy on fairness in allocation of investment opportunities (advisers only)
- Copy of the applicant firm's letterhead and a sample business card
- Proposed marketing material to be distributed by the firm
- Copy of the firm's standard employment/agent agreement between registered individuals and the firm specifically identifying the compensation arrangement
- Where applicable, client-related documents, such as financial plans, investment policy statement and investment management agreements

**H. Registration, licensing and memberships (financial services-related)**

1. Is the applicant firm or any of its affiliates currently registered or have they ever been registered in any province, territory, state or country to deal or advise in securities or derivatives?

Yes  No

If yes, list the jurisdiction(s), categories of registration, date registered and expiry date of registration, if applicable.

2. Is the applicant firm a member of a securities and/or commodities exchange, a self-regulatory organization (SRO) or similar organization in any province, territory, state or country?

Yes  No

If yes, list the organization(s) and jurisdiction(s).

If no, has the applicant firm applied for registration or membership with a securities and/or commodities exchange, an SRO or similar organization?

Yes  No

If yes, list the organization(s) and jurisdiction(s).

3. Is the applicant firm or any of its affiliates currently registered or have they ever been registered in any province, territory, state or country under legislation that requires licensing or registration to sell or advise in financial products other than securities (e.g. mortgage broker, financial planning, life insurance, derivatives, etc.)?

Yes  No

If yes, list the type of license or registration, jurisdiction, date registered and expiry date of registration, if applicable.

4. Does the firm currently have clients in the jurisdiction where the firm is applying for registration?

Yes  No

If yes, please provide details.

5. Has the applicant firm or any of its affiliates or predecessors ever entered into a settlement agreement with any financial services regulator or with any organizations referred to in question 2 above?

Yes  No

If yes, please provide details.

6. Has any financial services regulator or any of the organizations referred to in question 2 ever:

	<b>Yes</b>	<b>No</b>
a. Determined that the applicant firm or any of its affiliates or predecessors made a false statement or omission	<input type="checkbox"/>	<input type="checkbox"/>

b. Determined that the applicant firm or any of its affiliates or predecessors violated regulations or laws of any province, territory, state or country,

or violated the rules of an SRO or commodities exchange?

c. Determined that the applicant firm or any of its affiliates or predecessors is not suitable for registration, licensing or membership?

d. Refused the applicant firm or any of its affiliates or predecessors registration, licensing or membership in any province, territory, state or country for securities-related activities or in any other capacity?

e. Suspended or terminated any registration, licensing or membership of the applicant firm or any of its affiliates or predecessors?

f. Appointed a monitor for the applicant firm or any of its affiliates or predecessors?

g. Issued an order to the applicant firm or any of its affiliates or predecessors about investment-related activity (e.g. cease trade order)?

h. Denied the applicant firm or any of its affiliates or predecessors any exemption from registration, licensing or membership in any province, territory, state or country?

i. Imposed conditions on any registration or membership of the applicant firm or any of its affiliates or predecessors?

If yes to any of the above items, provide full details, including the regulator/organization, jurisdiction and the date.

7. Within the last 10 years has the applicant firm ever been:

	<b>Yes</b>	<b>No</b>
a. Subject to an order, a proceeding or the initiation of a proceeding by a financial services regulator, securities and/or commodities exchange or SRO, or similar organization of which it is a member?	<input type="checkbox"/>	<input type="checkbox"/>

b. Sanctioned by a financial services regulator, securities and/or commodities exchange or SRO, or organization of which it is a member?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes to any of the above items, describe the proceeding or sanction, the regulator, SRO or organization and the relevant date(s).

8. Is the applicant firm currently involved in a situation that would reasonably be expected to result in a YES answer to any of the items in question 6 or 7 in this section?

Yes  No

If yes, describe the situation.

#### **I. Legal action**

1. Has the applicant firm or any of its affiliates ever been convicted under the laws of any province, territory, state or country?

Yes  No

If yes, describe the type of conviction, the date of the conviction and the jurisdiction.

2. Is the applicant firm or any of its affiliates currently the subject of any outstanding charges or indictments under the laws of any province, territory, state or country?

Yes  No

If yes, describe the charges or indictments and the jurisdiction.

3. Are there currently any outstanding civil actions against the applicant firm or its affiliates?

Yes  No

If yes, describe the nature of the action, the current stage of the litigation and the specific remedies requested by the plaintiff(s)

4. Has the applicant firm or any of its affiliates ever received a judgement of fraud or theft against it in a civil court, criminal court or administrative tribunal in any jurisdiction in the world?

Yes  No

If yes, describe the case, the date it took place and the jurisdiction.

5. Are there any judgements or liens against the applicant firm or any of its affiliates?

Yes  No

If yes, describe the judgements or liens, the date and the jurisdiction.

## **J. National Registration System**

### **1. Election to use the national registration system (NRS)**

Has the applicant firm elected to use the NRS?

Yes  No

If yes, by submitting this form, the applicant firm:

- certifies that in each Canadian jurisdiction where it has appointed an agent for service, it has completed the appointment of agent for service required in that jurisdiction
- is subject to the securities and/or derivatives legislation of each Canadian jurisdiction where it has applied for registration, including the jurisdiction of any tribunals or any proceedings that relate to the registrant's activities under that securities and/or derivatives legislation
- waives any right to use lack of jurisdiction as a defence in any of those tribunals or proceedings.

#### **Please attach the following documents:**

- A completed Form 31-101F1
- Cheque payable to each of the regulators where the applicant firm is seeking registration
- Confirmation that insurance covers all jurisdictions where applying for registration

**K. Collection of personal information**

*Securities regulators require personal information about the people listed on this form so they can complete their review of this application, and if the firm is approved, to assess whether the firm continues to meet the registration requirements.*

*Securities regulators may collect this information only under the requirements in securities and/or derivatives legislation and may only use personal information to administer and enforce provisions of the securities and/or derivatives legislation. Securities regulators may collect personal information from this application, police records, records of other regulators or self-regulatory organizations, credit records, employment records, government and private bodies or agencies, individuals, corporations, and other organizations. They may also collect personal information indirectly.*

*Securities regulators may also provide personal information about the individuals listed on this form to other regulators, SROs or similar organizations or stock exchanges if required for an investigation or other regulatory issue.*

*If any one listed on this form has any questions about the collection and use of their personal information, they can contact the securities regulator in the relevant jurisdiction. See Schedule A for details. In Québec, they can also contact the Commission d'accès à l'information du Québec at 1-888-528-7741 or visit its website at [www.cai.gouv.qc.ca](http://www.cai.gouv.qc.ca).*

By completing this section, you:

- Acknowledge that the securities regulator in the relevant jurisdiction(s) may collect personal information about the individuals listed on this form and to provide it to any regulator, SRO or similar organization or stock exchange if required for an investigation or other regulatory issue.
- confirm that the individuals listed on this form have been notified that their personal information is disclosed on this form, the legal reason for doing so, how it will be used and who to contact for more information.

Name of authorized signing officer

Title of authorized signing officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed (YYYY/MM/DD)

**L. Submission to jurisdiction and appointment of agent for service of process**  
(Those firms that are considered to be non-resident firms must complete this section for each jurisdiction where they are applying for registration.)

By submitting this form, the applicant firm:

- is subject to the securities and/or derivatives legislation of each Canadian jurisdiction where you have submitted this form, including the jurisdiction of any tribunals or any proceedings that relate to your activities as a registrant under that securities and/or derivatives legislation;
- appoints the agent at the address below to be served any documents for any of these tribunals or proceedings;

Name of the applicant firm

Jurisdiction where the applicant firm was incorporated

Agent Contact Information:

Name of agent for service of process (agent)

Address of agent in jurisdiction(s) where firm is applying for registration

Firm Name (if applicable)

Telephone Number

Fax number

E-mail address

The applicant firm agrees to file a new submission to jurisdiction and appointment of agent for service of process if any of the following changes occur within six years of the termination of the firm's registration:

- the name or address of the agent for service changes
- the firm changes its agent for service.

The new submission for jurisdiction and appointment for agent for service of process must be filed at least 30 days before the change comes into effect.

This submission to jurisdiction and appointment of agent for service of process is governed by the securities and/or derivatives legislation of the relevant jurisdiction in Canada.

*Firm's authorization*

Name of applicant firm's authorized signing officer

Title of applicant firm's authorized signing officer

Signature

Date signed (YYYY/MM/DD)

*Agent's authorization*

By signing below, you agree to act as agent for service of process for the applicant firm according to the terms set out in this submission to jurisdiction and appointment of agent for service of process.

Name of agent's authorized signing officer

Title of agent's authorized signing officer

Signature

Date signed (YYYY/MM/DD)

**Please attach the following:**

1. The firm's privacy statement for collection and disclosure of personal information
2. The firm's executed consent to collection of personal information

**M. Signatures**

By signing below, you confirm that:

- you have read and understand the questions in this form
- you understand that it is an offence under the securities and/or derivatives legislation to provide false or misleading information on this form
- all of the information provided on this form is true.

Name of applicant firm

Name of authorized signing officer

Title of authorized signing officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed (YYYY/MM/DD)

Witnessed by a lawyer, notary public or commissioner of oaths:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

(indicate in which capacity witness has signed, i.e. lawyer, notary public or commissioner of oaths)

\_\_\_\_\_  
Date signed (YYYY/MM/DD)

**SCHEDULE A**

Who to contact if you have questions about the collection and use of your personal information.

**Alberta**

Alberta Securities Commission,  
4th Floor, 300 B 5th Avenue S.W.  
Calgary, AB T2P 3C4  
Attention: Information Officer  
Telephone: (403) 297-6454

**British Columbia**

British Columbia Securities Commission  
P.O. Box 10142, Pacific Centre  
701 West Georgia Street  
Vancouver, BC V7Y 1L2  
Attention: Freedom of Information Analyst  
Telephone: (604) 899-6500 or (800) 373-6393 (in BC)

**Manitoba**

The Manitoba Securities Commission  
500-400 St. Mary Avenue  
Winnipeg, MB R3C 4K5  
Attention: Director – Legal  
Telephone: (204) 945-0605

**New Brunswick**

New Brunswick Securities Commission  
Suite 300, 85 Charlotte Street  
Saint John, NB E2L 2J2  
Attention: Director, Market Regulation  
Telephone: (506) 658-3021

**Newfoundland and Labrador**

Securities Commission of Newfoundland and Labrador  
P.O. Box 8700, 2nd Floor, West Block  
Confederation Building  
St. John's, NF A1B 4J6  
Attention: Director of Securities  
Tel: (709) 729-4189

**Nova Scotia**

Nova Scotia Securities Commission  
2nd Floor, Joseph Howe Building  
1690 Hollis Street  
P.O. Box 458  
Halifax, NS B3J 3J9  
Attention: FOI Officer  
Telephone: (902) 424-7768

**Northwest Territories**

Government of the Northwest Territories  
P.O. Box 1320  
Yellowknife, NWT X1A 2L9  
Attention: Deputy Registrar of Securities  
Telephone: (867) 920-8984

**Nunavut**

Legal Registries Division  
Department of Justice  
Government of Nunavut  
P.O. Box 1000 Station 570  
Iqaluit, NU X0A 0H0  
Attention: Deputy Registrar of Securities  
Telephone: (867) 975-6190

**Ontario**

Ontario Securities Commission  
Suite 1903, Box 55  
20 Queen Street West  
Toronto, ON M5H 3S8  
Attention: FOI Coordinator  
Telephone: (416) 593-8314

**Prince Edward Island**

Securities Registry  
Office of the Attorney General B Consumer, Corporate and  
Insurance Services Division  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
Attention: Deputy Registrar of Securities  
Telephone: (902) 368-4569

**Québec**

Autorité des marchés financiers  
Stock Exchange Tower  
P.O. Box 246, 22nd Floor  
800 Victoria Square  
Montréal, PQ H4Z 1G3  
Attention: Responsable de l'accès à l'information  
Telephone: (514) 395-0337 or (877) 525-0337 (in Québec)

**Saskatchewan**

Saskatchewan Financial Services Commission  
800 B1920 Broad Street  
Regina, SK S4P 3V7  
Attention: Director  
Telephone: (306) 787-5842

**Yukon**

Department of Community Services Yukon  
P.O. Box 2703  
Whitehorse, YU Y1A 2C6  
Attention: Registrar of Securities  
Telephone: (867) 667-5225

**PROPOSED FORM 33-109F7  
NOTICE OF REINSTATEMENT OF REGISTERED INDIVIDUALS AND  
PERMITTED INDIVIDUALS**

**You are only permitted to use this form if, since leaving your former sponsoring firm, there have been no changes to the information you previously provided in respect of Items 13 (Regulatory Disclosure), 14 (Criminal Disclosure), 15 (Civil Disclosure) and 16 (Financial Disclosure) of your Form 33-109F4.**

In this form, “you”, “your” and “applicant” means the person who is submitting this form.

“Former sponsoring firm” means the registered firm where you most recently carried out duties as a registered or permitted individual.

“New sponsoring firm” means the registered firm where you will commence carrying out duties as a registered or permitted individual upon the transfer of your registration.

Several terms used in this form are defined in the Form 33-109F4 – *Application for registration of individuals and review of permitted individuals* that you submitted when first becoming registered or elsewhere in the securities legislation of your province or territory. Please refer to those definitions.

[*Online version*] If you have questions, please contact an authorized officer of your sponsoring firm or a legal adviser, or visit the national registration database (NRD) information website at [www.nrd-info.ca](http://www.nrd-info.ca).

[*Paper version*] Complete this form if you are relying on the temporary hardship exemption in Regulation 31-102 respecting National Registration Database. Otherwise, complete and submit this form online at the national registration database (NRD) website at [www.nrd.ca](http://www.nrd.ca).

Failure to answer all applicable questions may cause delays in the processing of the application.

**Item 1 – Name**

- 1. NRD number:**
- 2. Legal name**

Last Name	First Name	Second Name (N/A <input type="checkbox"/> )	Third Name (N/A <input type="checkbox"/> )
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- 3. Date of Birth (YYYY/MM/DD):**
- 4. Business names**

Are you currently operating under or carrying on business under any name (e.g., trade names, team names) other than the name(s) mentioned above, or do you intend to do so?

Yes  No

If “yes”, complete Schedule A

**Item 2 – Address and agent for service****1. Address for service**

You must have one address for service in each province or territory where you are submitting this form. A post office box is not an acceptable address for service. A residential address is acceptable. Complete Schedule B for each additional address for service you are providing.

Address for service: \_\_\_\_\_  
 Number, street, city, province or territory, postal code

Telephone number: \_\_\_\_\_

Fax number, if applicable: \_\_\_\_\_

E-mail address, if available: \_\_\_\_\_

**2. Agent for service**

If you have appointed an agent for service, provide the following information for the agent in each province or territory where you have an agent for service. The address of your agent for service must be the same as the address for service above. If your agent for service is a firm, also provide the name of your contact person.

Name for agent for service: \_\_\_\_\_

Contact person: \_\_\_\_\_  
 Last name First name

**Item 3 – Passport/National Registration System**

Is this submission being filed under Passport/National Registration System

Yes  No

**Item 4 – Registration jurisdictions**

Indicate, by checking the appropriate box, each province or territory to which you are submitting this form:

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut

- Ontario
- Prince Edward Island
- Québec
- Saskatchewan
- Yukon

**Item 5 – Individual categories**

Indicate, by checking the appropriate box in Schedule C, each registration category for which you are being reinstated. If you are a permitted individual, indicate each category that describes your position with your sponsoring firm.

**Item 6 – Previous employment**

Provide the following information for your former sponsoring firm.

Name:

NRD location number:

Date on which you ceased to be authorized to act on behalf of your former sponsoring firm as a registered individual or permitted individual (YYYY/MM/DD):

The reason why you left your former sponsoring firm:

**Item 7 – Resignations and terminations**

Did you resign or were you terminated or discharged by your former sponsoring firm for just cause following allegations that you:

- (a) Violated any statutes, regulations, rules or standards of conduct?

Yes  No

If “Yes”, complete Schedule D

- (b) Failed to supervise compliance with any statutes, regulations, rules or standards of conduct?

Yes  No

- (c) Committed fraud or the wrongful taking of property, including theft?

Yes  No

If “Yes”, complete Schedule D

**Item 8 – New sponsoring firm and other business or employment**

Name of your new sponsoring firm:

On Schedule E, provide the information requested for your employment activities with your new sponsoring firm and, if applicable, your other business or employment activities.

**Item 9 – Location of employment**

Provide the following information for your new sponsoring firm. If you will be working out of more than one location, provide the following information for the location out of which you will be doing most of your business.

NRD location number: \_\_\_\_\_

Unique Identification Number (optional) \_\_\_\_\_

Branch Transit number/Cost Centre number, if applicable: \_\_\_\_\_

Business address: \_\_\_\_\_  
(number, street, city, province, territory or state, country, postal code)

Telephone number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

*[The following is for the paper version only]*

Type of Location:  Head Office  Branch  Sub-branch

Name of Branch Manager: \_\_\_\_\_

Effective date: \_\_\_\_\_

Check here if the mailing address of the location is the same as the business address provided above. Otherwise, complete the following:

Mailing address: \_\_\_\_\_  
(number, street, city, province, territory or state, country, postal code)

Date on which you will become authorized to act on behalf of the firm as a registered individual or permitted individual (YYYY/MM/DD):

**Item 10 – Ownership of securities firms**

Are you now, or have you ever been, a partner or major shareholder of any firm (including your sponsoring firm) whose business is trading in or advising on securities or derivatives?

Yes  No

If “Yes”, complete Schedule F

**Acknowledgements etc.**

By submitting this form, you acknowledge that the submission to jurisdiction, consent to collection and use of personal information, and authorization in respect of SROs (to the extent applicable) that you provided in your Form 33-109F4 remain in effect and extend to this form.

You acknowledge that you are required to notify the securities regulatory authority of changes to any information previously submitted in Form 33-109F4 and confirm that as of the date of submitting this form, there is no unreported change to my Form 33-109F4 information. Confirm, by checking the boxes, there has been no change to the following disclosure items:

Regulatory disclosure

Criminal disclosure

- Civil disclosure
- Financial disclosure

You further acknowledge and agree that if you are applying for reinstatement of your registration and it was subject to any undischarged terms and conditions when you left your former sponsoring firm, those terms and conditions will remain in effect at your new sponsoring firm.

**It is an offence under securities and/or derivatives legislation to provide false or misleading information on this form.**

*[Online version]*

#### **Certification**

I am making this submission as agent for the applicant. By checking this box, I certify that the applicant provided me with all of the information on this form.

*[Paper version]*

#### **Signatures**

##### **Applicant**

By signing below, you confirm that:

- you have read and understand the questions in this form
- you understand that it is an offence under the securities and/or derivatives legislation to provide false or misleading information on this form
- all of the information provided on this form is true.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date signed (YYYY/MM/DD)

##### **New sponsoring firm by an authorized partner or officer**

By signing below, you confirm that:

- the applicant will be engaged by the new sponsoring firm as a registered individual or a permitted individual
- you have discussed the questions set out in this form with the applicant and are satisfied that he or she fully understands the questions
- the new sponsoring firm acknowledges and agrees that if the individual is applying for reinstatement of his or her registration and it was subject to any undischarged terms and conditions when the individual left the former sponsoring firm, those terms and conditions will remain in effect and the new sponsoring firm will assume any ongoing obligations that apply to the sponsoring firm of the registrant under those terms and conditions.

\_\_\_\_\_  
Name of firm

\_\_\_\_\_  
Name of authorized signing officer

\_\_\_\_\_  
Title of authorized signing officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed (YYYY/MM/DD)

**SCHEDULE A  
BUSINESS NAMES**

**Provide the information below for each business name you are currently using or intending to use**

\_\_\_\_\_  
Name:

Provide the reason(s) for the use of this name (for example, trade name):

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

If the name will be used in connection with your new sponsoring firm, has your new sponsoring firm approved your use of the name?

\_\_\_\_\_  
Name:

Provide the reason/s for the use of this name (for example, trade name):

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

If the name will be used in connection with your new sponsoring firm, has your new sponsoring firm approved your use of the name?

\_\_\_\_\_  
Name:

Provide the reason/s for the use of this name (for example, trade name):

When did you use this name? From: \_\_\_\_\_ To: \_\_\_\_\_  
(YYYY/MM) (YYYY/MM)

If the name will be used in connection with your new sponsoring firm, has your new sponsoring firm approved your use of the name?

**SCHEDULE B  
ADDRESS AND AGENT FOR SERVICE****1. Address for service**

You must have one address for service in each province or territory in which you are now, or are applying to become, a registered individual or permitted individual. A post office box is not an acceptable address for service.

Address for service: \_\_\_\_\_  
(number, street, city, province or territory, postal code)

Telephone number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. Agent for service**

If you have appointed an agent for service, provide the following information for the agent. The address for service provided above must be the address of the agent named below.

Name of agent for service: \_\_\_\_\_  
(if applicable)

Contact person: \_\_\_\_\_  
Last name First name

## **SCHEDULE C INDIVIDUAL CATEGORIES**

### **Categories**

Indicate, by checking the appropriate box, each category for which you are applying.

#### **Firm Categories Common to all Jurisdictions**

##### **Under which firm category(ies) are you applying?**

- Investment Dealer
- Mutual Fund Dealer
- Scholarship Plan Dealer
- Exempt Market Dealer
- Restricted Dealer
- Portfolio Manager
- Restricted Portfolio Manager
- Investment Fund Manager

##### **Registration Categories and Permitted Activities**

- Dealing Representative
- Advising Representative
- Associate Advising Representative
- Ultimate Designated Person
- Chief Compliance Officer
- Officer
- Director
- Partner
- Shareholder
- Branch Manager (MFDA members only)
- Supervisor (IDA members only)

#### **Firm Categories Unique to Ontario**

##### **Under which firm category(ies) are you applying?**

- Commodity Trading Adviser
- Commodity Trading Counsel
- Commodity Trading Manager
- Futures Commission Merchant

##### **Registration Categories and Permitted Activities**

- Advising Representative
- Salesperson
- Branch Manager
- Officer
- Director
- Partner
- Shareholder
- Supervisor (IDA members only)

#### **Firm Categories Unique to Manitoba**

##### **Under which firm category(ies) are you applying?**

- Dealer (Merchant)
- Dealer (Futures Commission Merchant)
- Dealer (Floor Broker)
- Adviser

**Registration Categories and Permitted Activities**

- Floor Trader
- Floor Broker
- Salesperson
- Branch Manager
- Adviser
- Officer
- Director
- Partner
- Supervisor (IDA members only)

**Investment Dealers Association of Canada – Additional Information****Approval Categories**

- Executive
- Director (Non-Industry)
- Supervisor
- Investor
- Registered Representative
- Investment Representative
- Trader

**Designated Persons**

- Chief Compliance Officer
- Chief Financial Officer
- Ultimate Designated Person
- Designated Registered Options Principal
- Designated Registered Futures Options Principal

**Trading Activity**

- Non-Trading
- Equities
- Options
- Futures
- Mutual Funds only
- Portfolio Management
- Portfolio Management (Supervised)

**Account Type**

- Retail
- Non-Retail
- Not Applicable

**SCHEDULE D  
RESIGNATIONS AND TERMINATIONS**

a) For each allegation that you violated statutes, regulations, rules or standards of conduct, indicate below the circumstances relating to your resignation, termination or discharge for just cause.

b) For each allegation that you failed to supervise compliance with statutes, regulations, rules or standards of conduct, indicate below the circumstances relating to your resignation, termination or discharge for just cause.

c) For each allegation that you committed fraud or the wrongful taking of property, including theft, indicate below the circumstances relating to your resignation, termination or discharge for just cause.

**SCHEDULE E  
NEW SPONSORING FIRM AND OTHER BUSINESS OR EMPLOYMENT**

*[Online version]*

Check here if your employment is with your new sponsoring firm. If not, you are required to provide the firm name and address information:

Name of business or employer:

\_\_\_\_\_

Address of business or employer:

\_\_\_\_\_

(number, street, city, province, territory or state, country)

Name and title of your immediate supervisor: \_\_\_\_\_

For your sponsoring firm, include the duties you currently perform and intend to perform.

Describe all other employment or business activities related to this employer or business, whether or not the activities are related to investments. Include the nature of the business, your duties, start date, title or relationship with the business (including director or officer positions).

Indicate the number of hours per week you will be devoting to this business or employment.

Check here if you are working more than 30 hours per week for the sponsoring firm. Otherwise, explain why you are working less than 30 hours per week for the sponsoring firm.

Disclose any potential for confusion by clients and any potential for conflicts of interest arising from your proposed activities as a registrant with affiliated or unaffiliated sponsoring firm(s) and with the other business described above (include whether the other business is listed on an exchange). Confirm whether the firm has procedures for minimizing potential conflicts of interest and confirm that you are aware of these procedures.

*[Paper version]*

For your new sponsoring firm, provide the following information:

Address of head office:

\_\_\_\_\_

(number, street, city, province, territory or state, country)

Name and title of your immediate supervisor: \_\_\_\_\_

The duties you intend to perform: \_\_\_\_\_

Will you be working more than 30 hours per week for your new sponsoring firm? If not, explain why:

Will you be working for any other employer or engaged in any other business activities? If so, provide the following information for each other employer or business:

Name of business or employer:

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Address of business or employer:

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(number, street, city, province, territory or state, country)

Name and title of your immediate supervisor: \_\_\_\_\_

The duties you currently perform and intend to perform. \_\_\_\_\_

Describe all employment or business activities related to this employer or business, whether or not the activities are related to investments. Include the nature of the business, your duties, start date, title or relationship with the business (including director or officer positions):

Indicate the number of hours per week you will be devoting to this business or employment.

Disclose any potential for confusion by clients and any potential for conflicts of interest arising from your activities as a registrant with affiliated or unaffiliated sponsoring firm(s) and with the other employment or business described above (include whether the other employment or business is listed on an exchange). Confirm whether the firm has procedures for minimizing potential conflicts of interest and confirm that you are aware of these procedures.

**SCHEDULE F  
OWNERSHIP OF SECURITIES FIRMS**

Provide details of ownership that include class, voting percentage, type and number of shares: