

AMF E-Services

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

Before completing this form, please read the following carefully:

Use this form to apply for a certificate in one or more sectors / sector classes.

First, you must ensure that your exams are valid and that you have successfully completed your probationary period in the sector / sector class for which you are applying for a certificate.

You are applying for:

- issuance of a certificate
- addition of a sector class / sector
- reinstatement of a certificate

If you wish to pursue activities as an **independent representative**, you must first submit an **application to register as an independent representative** and **wait until you have received a client number** before completing this application for a representative's certificate.

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE CANDIDATE / REPRESENTATIVE

Client No. (10 digits)							
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name			Last name		
Date of birth				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
_____ / _____ / _____ year month day							
HOME ADDRESS							
Civic No.		Street			Apt. / Unit		
Municipality				Province		Postal code	
Telephone				Cell			
Fax			E-mail				
MAILING ADDRESS				Same as home address <input type="checkbox"/>			
Civic No./ P.O. Box		Street			Apt. / Unit		
Municipality				Province		Postal code	

Important

Identify the business to which you want to be attached. Please note that the client number is a mandatory field that corresponds to the head office of the business.

SECTION 2 – IDENTIFICATION OF THE BUSINESS

INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		Name of business			
Telephone		Ext.		Fax	
E-mail					
Is the business registered with AMF E-Services? Yes <input type="checkbox"/> No <input type="checkbox"/>					
➔ If you answered yes, you do not need to complete the Attachment portion of this form.					

SECTION 3 – CHOICE OF SECTOR / SECTOR CLASS

ENTIRE SECTORS	SECTOR CLASSES
<input type="checkbox"/> Insurance of persons	<input type="checkbox"/> Accident and sickness insurance
<input type="checkbox"/> Group insurance of persons	<input type="checkbox"/> Group insurance plans <input type="checkbox"/> Group annuity plans
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Personal-lines damage insurance (Broker) <input type="checkbox"/> Commercial-lines damage insurance (Broker)
<input type="checkbox"/> Damage insurance (Agent)	<input type="checkbox"/> Personal-lines damage insurance (Agent) <input type="checkbox"/> Commercial-lines damage insurance (Agent)
<input type="checkbox"/> Claims adjustment	<input type="checkbox"/> Personal-lines claims adjustment <input type="checkbox"/> Commercial-lines claims adjustment
<input type="checkbox"/> Financial planning	
APPLICATION FOR DESIGNATION ON CERTIFICATE	
<input type="checkbox"/> Designation E (claims adjustment in respect of policies purchased through the firm for which the agent or broker acts)	

Important

FOR ALL SECTORS OTHER THAN FINANCIAL PLANNING

To obtain a representative's certificate in the entire sector, you must have completed a **12-week** probationary period. To obtain a representative's certificate in a sector class, you must have completed a **6-week** probationary period.

If you submit your application within 30 days of the end of your probationary period, your probationary certificate remains valid for a maximum of **45 days** following the end date of your probationary period. During this period, you will be under the responsibility of your supervisor. After the 45-day period, you must obtain your representative's certificate in order to continue activities as a trainee.

*Example - End of probationary period: **June 1**
Date application submitted: **June 10 (within 30 days)**
Probationary certificate valid until **July 15***

Please ensure that the supervisor's recommendation has been forwarded to the Direction de la formation et de la qualification in Montréal. Otherwise, your application for a certificate will not be processed.

SECTION 4 – DECLARATION

Complete the following declaration. If you answer yes to question 1, 3 or 6, you must complete the required form and attach it to your application. Missing supporting documents will delay processing of your application.

1. Will you be carrying out activities (remunerated or not) in a field other than that which is related to your practice as a representative during the time that you hold a probationary certificate or a representative's certificate? Yes No

*You may answer "no" to this question if your other activity is related to a right to practise issued by the AMF or a **mortgage broker** licence issued by the Organisme d'autoréglementation du courtage immobilier du Québec (OACIQ)*

If so, have you already declared this other activity? Yes No

If you have not yet declared this other activity, please complete and send the *Dual Employment form*.

2. Are you a member of a professional order? Yes No

If so, which one.

What is your member number?

Do you carry out activities related to this profession? Yes No

3. Since your last statement, have you been accused of, pleaded guilty to, or been convicted by a Canadian or foreign court of an offence or a criminal act, has a disciplinary sanction been taken against you by a disciplinary committee, or have you been the subject of a civil suit related to your activities as a representative? Yes No

You do not need to answer "yes" to this question if you were found not guilty or if the charges against you were withdrawn

If you answered yes, please complete and send the *Statement of Guilt form*.

4. Are you in default of paying any fines, costs and interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of any of these committees or are you in default of paying any fines related to the commission of an offence under any of the following: *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the former *An Act respecting market intermediaries*, R.S.Q., c. I-15.1; *Real Estate Brokerage Act*, R.S.Q., c. C-73.1; the *Securities Act*, CQLR, c. V-1.1; or the *Professional Code*, CQLR, c. C-26? Yes No

5. Since your last declaration, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been the subject of a disciplinary sanction imposed by a disciplinary committee or by a body in Québec or in another province or jurisdiction that is responsible for supervising and monitoring persons acting as representatives, in a sector or sector class governed by *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, or a category governed by the *Securities Act*, CQLR, c. V-1.1? Yes No

You do not need to answer "yes" to this question if the decision was issued by the AMF. The information is already on file at the AMF.

Decision No. _____

Date _____

Decision maker's name _____

Sector/sector
class/category: _____

6. Since your last declaration, have you filed for bankruptcy, made an assignment of your property or been placed under a receiving order pursuant to the *Bankruptcy and Insolvency Act*, RSC 1985, c B-3? Yes No

If you answered yes, please complete and send the *Statement of Bankruptcy*.

7. Since your last declaration, has a tutor, curator or adviser ever been appointed to you? (A supervisor is not considered a tutor, curator or adviser.) Yes No
8. Since your last declaration, have you been a director, officer or partner of a firm or independent partnership whose registration was cancelled under *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2? Yes No

SECTION 5 – DECLARATION

I declare that the information provided in this form is accurate and complete. I have attached all the supporting documents required to process my application.

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Signature		Date	____ / ____ / ____ year / month / day	

Important

Missing supporting documents will delay processing of your application.

SECTION 6 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
Training in financial planning (1 document required) <i>* Financial planning only</i>	<input type="checkbox"/> Financial planning diploma issued by the <i>Institut québécois de planification financière</i> (IQPF) <input type="checkbox"/> Letter confirming that the candidate has passed the IQPF examination
Valid proof of Canadian identity (1 document required) <i>* Application for financial planning certificate only</i>	<input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Permanent resident card <input type="checkbox"/> Baptismal certificate issued before 1994 <input type="checkbox"/> Birth certificate <input type="checkbox"/> Record of Landing <input type="checkbox"/> Passport <input type="checkbox"/> Work permit
Training period completed (1 document required) <i>* Workplace training period only</i>	<input type="checkbox"/> Official transcript confirming that the diploma of collegial studies (DSC) was obtained

**SECTION 7 – FEES PAYABLE FOR THE PERIOD FROM JANUARY 1 , 2016 TO
DECEMBER 31, 2016**

**FOR ALL APPLICATIONS
(except the application to add designation E)**

File study fee and	\$37
Fee payable per sector	\$90

Contribution to CSF and ChAD

You must pay the contribution to the *Chambre de la sécurité financière* (CSF) for the **current calendar year** unless you have already paid it.
Refer to the calculation grid appended to this form.

Insurance of persons, group insurance of persons or financial planning

Annual contribution to the CSF \$ _____
(To calculate the amount of your contribution, please follow the instructions on the calculation grid appended to this form. The contribution to the CSF is payable when you file this application and is not refundable.)

You must pay the contribution to the *Chambre de l'assurance de dommages* (ChAD) in accordance with the first letter of your last name, unless you have already paid it.
Refer to the calculation grid appended to this form.

Damage insurance or claims adjustment

Annual contribution to the ChAD \$ _____
(To calculate the amount of your contribution, please follow the instructions on the calculation grid appended to this form. The contribution to the ChAD is payable when you file this application and is not refundable.)

SUBTOTAL	\$ _____	
-----------------	----------	--

**APPLICATION TO ADD DESIGNATION E
(Claims adjustment)**

File study fee	\$37
----------------	------

SUBTOTAL	\$ _____	
-----------------	----------	--

GRAND TOTAL

**Please transfer the total amount to the
payment slip on the following page.**

GRAND TOTAL	\$ _____	
--------------------	----------	--

PAYMENT SLIP			
CLIENT INFORMATION			
Client No. (10 digits)			
Mr. <input type="checkbox"/>	First name		Last name
Ms. <input type="checkbox"/>			
FEES PAYABLE (fees are non-refundable)			
Amount due: \$ _____		If you are paying by credit card, please transfer this amount to the space indicated with a * hereinbelow. If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards	
METHOD OF PAYMENT			
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Payment must be made to the order of the Autorité des marchés financiers and must be dated the day you mail this form.		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	I authorize the AMF to charge the amount of *\$_____ to my credit card. Card No.: _____ / _____ / _____ / _____ Expiry date: _____ / _____ month year _____ Name of cardholder (in block letters) _____ Signature of cardholder		
		Date: _____ / _____ / _____ year month day	

The AMF only accepts forms sent by **mail**.
No form sent by e-mail or by fax will be accepted.

Send your payment to the following address:

Autorité des marchés financiers
 Place de la Cité, tour Cominar
 2640, boulevard Laurier, bureau 400
 Québec (Québec) G1V 5C1

Please do not delete this page when printing the form.

It has been left blank intentionally, because the page **Payment slip** must be printed on a single sheet of paper with no information on the reverse side.

CALCULATION GRID FOR CONTRIBUTION TO THE CHAMBRE DE LA SÉCURITÉ FINANCIÈRE (CSF)

Please note that if you held an active certificate during the current calendar year, you must pay the contribution to the CSF for the full year (\$356.42), unless you already paid it.

Instructions

The contribution to the CSF amounts to **\$310** a year (12 months) plus taxes, or **\$356.42**

However, depending on when you submit your application for registration, you may be billed for a period ranging from three (3) to twelve (12) months. Your contribution can therefore vary from \$89.11 to \$356.42

MONTH OF APPLICATION											
JANUARY	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT.	OCTOBER	NOV.	DEC.
356.42	326.73	297.02	267.32	237.62	207.91	178.21	148.51	118.81	89.11	89.11	89.11

Information Centre

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

DCI_dem-certif-rep_Jan 2016

Page 9 of 16
 Website: www.lautorite.qc.ca

CALCULATION GRID FOR CONTRIBUTION TO THE CHAMBRE DE L'ASSURANCE DE DOMMAGES (ChAD)

Instructions

The contribution to the ChAD amounts to **\$291** a year (12 months) plus taxes, or **\$334.58**

However, depending on when you submit your application for registration, you may be billed for a period ranging from three (3) to twelve (12) months. Your contribution can therefore vary from \$83.65 to \$334.58

If you have already paid your contribution to the ChAD for another sector, please disregard this calculation.

FIRST LETTER OF LAST NAME	MONTH OF APPLICATION (amounts are in dollars)											
	JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
A, B	83.65	334.58	306.70	278.82	250.93	223.05	195.17	167.29	139.40	111.53	83.65	83.65
C	83.65	83.65	334.58	306.70	278.82	250.93	223.05	195.17	167.29	139.40	111.53	83.65
D	83.65	83.65	83.65	334.58	306.70	278.82	250.93	223.05	195.17	167.29	139.40	111.53
E, F, G	111.53	83.65	83.65	83.65	334.58	306.70	278.82	250.93	223.05	195.17	167.29	139.40
H, I, J, K	139.40	111.53	83.65	83.65	83.65	334.58	306.70	278.82	250.93	223.05	195.17	167.29
L	167.29	139.40	111.53	83.65	83.65	83.65	334.58	306.70	278.82	250.93	223.05	195.17
M, N, O	223.05	195.17	167.29	139.40	111.53	83.65	83.65	83.65	334.58	306.70	278.82	250.93
P, Q, R	250.93	223.05	195.17	167.29	139.40	111.53	83.65	83.65	83.65	334.58	306.70	278.82
S, T, U	278.82	250.93	223.05	195.17	167.29	139.40	111.53	83.65	83.65	83.65	334.58	306.70
V, W, X, Y, Z	306.70	278.82	250.93	223.05	195.17	167.29	139.40	111.53	83.65	83.65	83.65	334.58

Information Centre

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

DCI_dem-certif-rep_Jan 2016

Page 10 of 16
 Website: www.lautorite.qc.ca

Before completing this form, please read the following carefully:

Use this form to confirm that a representative is attached to your business for purposes of the issuance of his certificate.

You are applying for:

- Confirmation of attachment
 Addition of attachment

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits)				NEQ (10 digits)			
Name of business							
Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>							
MAIN ADDRESS							
Civic No.		Street				Suite / Unit	
Municipality				Province		Postal code	
Telephone				Fax			
E-mail							
MAILING ADDRESS				Same as main address <input type="checkbox"/>			
Civic No. / P.O. Box		Street				Apt. / Unit	
Municipality				Province		Postal code	

SECTION 2 – INFORMATION ABOUT THE REPRESENTATIVE

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

SECTION 3 – INFORMATION ABOUT ATTACHMENT	
TYPE OF ATTACHMENT	
The representative will pursue activities on behalf of the firm.	<input type="checkbox"/> As an employee <input type="checkbox"/> Without being an employee
The representative will pursue activities on behalf of the independent partnership.	<input type="checkbox"/> As a partner <input type="checkbox"/> As an employee
CHOICE OF SECTORS / SECTOR CLASSES	
ENTIRE SECTORS	SECTOR CLASSES
<input type="checkbox"/> Insurance of persons	<input type="checkbox"/> Accident and sickness insurance
<input type="checkbox"/> Group insurance of persons	<input type="checkbox"/> Group insurance plans <input type="checkbox"/> Group annuity plans
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Personal-lines damage insurance (Broker) <input type="checkbox"/> Commercial-lines damage insurance (Broker)
<input type="checkbox"/> Damage insurance (Agent)	<input type="checkbox"/> Personal-lines damage insurance (Agent) <input type="checkbox"/> Commercial-lines damage insurance (Agent)
<input type="checkbox"/> Claims adjustment	<input type="checkbox"/> Personal-lines claims adjustment <input type="checkbox"/> Commercial-lines claims adjustment
<input type="checkbox"/> Financial planning	
APPLICATION FOR DESIGNATION ON CERTIFICATE	
<input type="checkbox"/> Designation E (claims adjustment in respect of policies purchased through the firm for which the agent or broker acts)	
EMPLOYEE IN DAMAGE INSURANCE REFERRED TO IN SECTION 547 OF THE DISTRIBUTION ACT	
<input type="checkbox"/> 547	

SECTION 4 – INFORMATION ABOUT PROFESSIONAL LIABILITY INSURANCE					
Policy No.		Name of insurer			
Issue date	____ / ____ / ____ year month day	Expiry date	____ / ____ / ____ year month day	<input type="checkbox"/> Valid until cancellation	
Annual coverage amount	\$ _____	Amount of coverage per claim	\$ _____	Deductible	\$ _____
Is the policy already in the firm's file? * If not, please send the supporting documents indicated in section 6, Required supporting documents.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5 – CHOICE OF BRANCH

Name of branch							
ADDRESS							
Civic No.		Street				Apt. / Unit	
Municipality				Province		Postal code	

Send only if proof of professional liability insurance is not already on file. Missing supporting documents will delay processing of your application.

SECTION 6 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
Professional liability insurance (1 document required)	<input type="checkbox"/> Professional liability insurance endorsement <input type="checkbox"/> Professional liability insurance certificate <input type="checkbox"/> Professional liability insurance contract
Declaration pertaining to professional liability insurance (1 document required) <i>* If the deductible exceeds the amount prescribed by regulation.</i>	<input type="checkbox"/> Statement of deductible exceeding the regulatory limit

SECTION 7 – DECLARATION
SIGNATURE OF THE OFFICER IN CHARGE / AUTHORIZED SIGNATORY / PARTNER IN CHARGE / INDEPENDENT REPRESENTATIVE

I declare that the information provided in this form is accurate and complete.

Mr. <input type="checkbox"/>	First name		Last name		
Ms. <input type="checkbox"/>					
Signature				Date	____ / ____ / ____ year / month / day

Before completing this form, please read the following carefully:

Use this form to remove one or more sectors / sector classes from your certificate. Consult the [table](#) to determine whether you must complete this form.

In order to have a sector or sector class removed from your certificate, you must have ceased pursuing activities in that sector or sector class. Before completing this form, please ensure that your business has completed the withdrawal.

The withdrawal will be effective as of the date the application is approved.

SECTION 1 – IDENTIFICATION
INFORMATION ABOUT THE REPRESENTATIVE

Client No. (10 digits)							
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name				Last name	
Date of birth		____ / ____ / ____ year / month / day	Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>				
HOME ADDRESS							
Civic No.		Street				Apt. / Unit	
Municipality				Province		Postal code	
Telephone				Cell			
Fax			E-mail				
MAILING ADDRESS				Same as home address <input type="checkbox"/>			
Civic No./ P.O. Box		Street				Apt. / Unit	
Municipality				Province		Postal code	

SECTION 2 – IDENTIFICATION OF THE BUSINESS
INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		Name of business					
Telephone		Extension		Fax			
E-mail							

SECTION 3 – CHOICE OF SECTOR / SECTOR CLASS
APPLICATION FOR WITHDRAWAL FROM SECTOR

ENTIRE SECTORS	SECTOR CLASSES
<input type="checkbox"/> Insurance of persons	<input type="checkbox"/> Accident and sickness insurance
<input type="checkbox"/> Group insurance of persons	<input type="checkbox"/> Group insurance plans <input type="checkbox"/> Group annuity plans
<input type="checkbox"/> Damage insurance (Broker)	<input type="checkbox"/> Personal-lines damage insurance (Broker) <input type="checkbox"/> Commercial-lines damage insurance (Broker)
<input type="checkbox"/> Damage insurance (Agent)	<input type="checkbox"/> Personal-lines damage insurance (Agent) <input type="checkbox"/> Commercial-lines damage insurance (Agent)
<input type="checkbox"/> Claims adjustment	<input type="checkbox"/> Personal-lines claims adjustment <input type="checkbox"/> Commercial-lines claims adjustment
<input type="checkbox"/>	Financial planning
APPLICATION FOR DESIGNATION ON CERTIFICATE	
<input type="checkbox"/> Designation C (special brokerage)	<input type="checkbox"/> Designation E (claims adjustment in respect of policies purchased through the firm for which the agent or broker acts)
EMPLOYEE IN DAMAGE INSURANCE REFERRED TO IN SECTION 547 OF <i>AN ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES</i>	
<input type="checkbox"/>	547

SECTION 4 – FEES PAYABLE

You must have paid all amounts owing to the *Autorité des marchés financiers* (AMF) in order to withdraw from a sector or sector class.

SECTION 5 – SIGNATURES
REPRESENTATIVE

I declare that the information provided in this form is accurate and complete.

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>	name		name	
Signature		Date		____ / ____ / ____ year month day

**Change of sector/ sector class
(if the change is for the same firm)**

For any of the situations in the table below, you must complete the following two forms:

- Application for a representative's certificate
- Application for attachment

FROM (sector class)	TO (entire sector)
<input type="checkbox"/> Personal-lines damage insurance (Agent)	<input type="checkbox"/> Damage insurance (Agent)
<input type="checkbox"/> Commercial-lines damage insurance (Agent)	
<input type="checkbox"/> Personal-lines damage insurance (Broker)	<input type="checkbox"/> Damage insurance (Broker)
<input type="checkbox"/> Commercial-lines damage insurance (Broker)	
<input type="checkbox"/> Accident and sickness insurance	<input type="checkbox"/> Insurance of persons
<input type="checkbox"/> Group insurance plans	<input type="checkbox"/> Group insurance of persons
<input type="checkbox"/> Group annuity plans	
<input type="checkbox"/> Personal-lines claims adjustment	<input type="checkbox"/> Claims adjustment
<input type="checkbox"/> Commercial-lines claims adjustment	

For all other situations, you must complete the following three forms:

- Application for withdrawal from sector / sector class
- Application for a representative's certificate
- Application for attachment