

Before completing this form, please read the following carefully:

Use this form to apply for a representative's certificate in one or more sectors or classes of sectors governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2 (the "Distribution Act"). Before submitting the form, please ensure that your exams are valid and that you have successfully completed your probationary period.

If you wish to pursue activities as an **independent representative**, you must first submit an application to register as an independent representative. If your registration as an independent representative is approved, you will receive instructions on how to complete this form.

You are applying for:

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

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your request.

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c. A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access | AMF \(lautorite.qc.ca\)](http://Information Access | AMF (lautorite.qc.ca)).

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE CANDIDATE OR REPRESENTATIVE

Client No. (10 digits)					
Mr. <input type="checkbox"/>	First name			Last name	
Ms. <input type="checkbox"/>					
Date of birth	____ / ____ / ____ year / month / day	Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
HOME ADDRESS					
Civic No.		Street		Apt. / 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

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.

INFORMATION ABOUT THE FIRM, INDEPENDENT PARTNERSHIP OR 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 SECTORS OR 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	
<input type="checkbox"/> Mortgage brokerage	
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. If the 45-day period is exceeded, you will no longer be allowed to act as a trainee until you have obtained your representative's certificate.

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 AMF, as it will not be possible to process your application for a certificate without it.

SECTION 4 – DECLARATION

Please answer all of the questions below. Depending on your answers, you may be required to submit additional supporting documents.

“Since your last declaration” means any declaration you have previously submitted to the AMF as a candidate or certified representative under the Distribution Act.

If this is your first declaration, please provide a complete history of the facts for each of the questions below.

Important: You must notify the AMF of any change to the information or a document furnished within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), within 30 days of such change.

1. Since your last declaration, have you begun to pursue activities other than those arising from a right to practise granted by the AMF (“outside activities”) constituting a provision of finance-related services or requiring the segregation of clienteles? Yes No

For further details, visit our [Activities to be declared \(Outside activities\)](#) web page.

- If you answered “yes”, please complete and submit the **Declaration of an outside activity form**.

2. Are you a member of the Ordre des administrateurs agréés du Québec? Yes No

- If you answered “yes”, please answer the following question:

What is your membership number? _____

Information Centre

Toll-free: 1-877-525-0337

Québec City: 418-525-0337

Montréal: 514-395-0337

3. Since your last declaration: Yes No
- have you been convicted of an offence or a criminal act by a Canadian or foreign court

or

 - have you been the subject of a civil suit related to your activities as a representative

or

 - has a disciplinary sanction been imposed on you by a disciplinary committee or by a body in Québec or in another province or another state that is responsible for supervising and monitoring persons acting as representatives?

You must answer “yes” to this question if you have been granted an absolute or conditional discharge under the Criminal Code, RSC 1985, c. C-46. However, you do not need to answer “yes” if you were found not guilty or the charges against you were withdrawn.

➤ *If you answered “yes”, please complete and submit the **Statement of Guilt form**.*

4. Are you in default of paying any outstanding fines, costs and interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee, or are you in default of paying fines for an offence committed under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the *Real Estate Brokerage Act*, CQLR, c. C-73.2; 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 sanctioned 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 a category governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2 or the *Securities Act*, CQLR, c. V-1.1? Yes No

You do not have to answer “yes” to this question if the decision was issued by the AMF, as the AMF already has this information on file.

➤ *If you answered “yes”, please answer the following questions:*

- Decision No.: _____
- Date: _____
- Decision maker's name: _____
- Sector or 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

You do not have to answer "yes" to this question where a proposal was accepted by the creditors and the court.

➤ *If you answered "yes", please complete and submit the **Statement of Bankruptcy form**.*

7. Are you under protective supervision in the form of a tutorship, curatorship or adviser? Yes No

Protective supervision is a mechanism provided for by law to protect persons who are under a legal disability. A supervisor is not considered a tutor, curator or adviser.

8. Since your last declaration, have you been a director, officer or partner of a firm or partnership whose registration was cancelled under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2 or the *Securities Act*, CQLR, c. V-1.1? Yes No

SECTION 5 – REQUIRED SUPPORTING DOCUMENTS

Missing or incomplete supporting documents will delay processing of your application.

Please refer to our [Forms](#) web page for other required forms, if applicable.

The AMF may determine that one or more additional proofs of identity are required. **Note that a driver's licence or health insurance card is not considered valid proof of identity.**

	SUPPORTING DOCUMENTS
<p>Training in financial planning (1 document required)</p> <p>* <i>Financial planning only</i></p>	<ul style="list-style-type: none"> <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
<p>Valid proof of Canadian identity (1 document required)</p> <p>* <i>Application for financial planning certificate only</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate issued by the <i>Directeur de l'état civil</i> of Quebec or another provincial or territorial authority <input type="checkbox"/> Citizenship card or certificate <input type="checkbox"/> Confirmation of Permanent Residence (IMM5292 or IMM5688) <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Work permit
<p>Outside activity</p> <p>* <i>If you answered "yes" to question 1.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Declaration of an outside activity form</i>
<p>Guilt</p> <p>* <i>If you answered "yes" to question 3.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Statement of Guilt form</i>
<p>Bankruptcy</p> <p>* <i>If you answered "yes" to question 6.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Statement of Bankruptcy form</i>

SECTION 6 – DECLARATION ON INFORMATION PROVIDED

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

I also declare that I use my name as it appears on all my valid Canadian identity documents.

I have attached all the supporting documents required to process my application.

I undertake to notify the AMF of any change to the information or document furnished in connection with this application within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), within 30 days of such change.

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

Use the fees table in Section 7 to calculate the fees payable to apply for a representative's certificate, then complete the payment slip in Section 8.

**SECTION 7 – FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO
DECEMBER 31, 2024**

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

File study fee \$47.00

Fee payable per sector \$111.00

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.)

Contribution to AMF (supervision of mortgage brokerage)

You must pay the contribution to the AMF in accordance with the first letter of your last name. Refer to the calculation grid appended to this form.

Mortgage brokerage

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

SUBTOTAL	\$ _____	
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APPLICATION TO ADD DESIGNATION E (Claims adjustment)

File study fee \$47.00

SUBTOTAL	\$ _____	
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GRAND TOTAL

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

GRAND TOTAL	\$ _____	
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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 (\$441.50), unless you already paid it.

Instructions

The contribution to the CSF amounts to **\$384.00** a year (12 months) plus taxes, or **\$441.50**.

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 \$110.38 to \$441.50.

MONTH OF APPLICATION											
JANUARY	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT.	OCTOBER	NOV.	DEC.
441.50	404.71	367.92	331.13	294.34	257.54	220.75	183.96	147.17	110.38	110.38	110.38

Information Centre

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

DCI_application-rep-certificate_January 2024

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

Instructions

The contribution to the ChAD amounts to **\$363.00** a year (12 months) plus taxes, or **\$417.36**.

However, depending on when you submit your application for a representative's certificate, you may be billed for a period ranging from three (3) to twelve (12) months. Your contribution can therefore vary from \$104.34 to \$417.36.

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	104.34	417.36	382.58	347.80	313.02	278.24	243.46	208.68	173.90	139.12	104.34	104.34
C	104.34	104.34	417.36	382.58	347.80	313.02	278.24	243.46	208.68	173.90	139.12	104.34
D	104.34	104.34	104.34	417.36	382.58	347.80	313.02	278.24	243.46	208.68	173.90	139.12
E, F, G	139.12	104.34	104.34	104.34	417.36	382.58	347.80	313.02	278.24	243.46	208.68	173.90
H, I, J, K	173.90	139.12	104.34	104.34	104.34	417.36	382.58	347.80	313.02	278.24	243.46	208.68
L	208.68	173.90	139.12	104.34	104.34	104.34	417.36	382.58	347.80	313.02	278.24	243.46
M, N, O	278.24	243.46	208.68	173.90	139.12	104.34	104.34	104.34	417.36	382.58	347.80	313.02
P, Q, R	313.02	278.24	243.46	208.68	173.90	139.12	104.34	104.34	104.34	417.36	382.58	347.80
S, T, U	347.80	313.02	278.24	243.46	208.68	173.90	139.12	104.34	104.34	104.34	417.36	382.58
V, W, X, Y, Z	382.58	347.80	313.02	278.24	243.46	208.68	173.90	139.12	104.34	104.34	104.34	417.36

Information Centre

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

DCI_application-rep-certificate_January 2024

CALCULATION GRID FOR CONTRIBUTION TO THE AMF - SUPERVISION OF MORTGAGE BROKERAGE

Instructions

The contribution amounts to **\$290.00** a year (12 months).

However, depending on when you submit your application for a representative's certificate, you may be billed for a period ranging from three (3) to twelve (12) months. Your contribution can therefore vary from \$72.50 to \$290.00.

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	72.50	290.00	265.83	241.67	217.50	193.33	169.17	145.00	120.83	96.67	72.50	72.50
C	72.50	72.50	290.00	265.83	241.67	217.50	193.33	169.17	145.00	120.83	96.67	72.50
D	72.50	72.50	72.50	290.00	265.83	241.67	217.50	193.33	169.17	145.00	120.83	96.67
E, F, G	96.67	72.50	72.50	72.50	290.00	265.83	241.67	217.50	193.33	169.17	145.00	120.83
H, I, J, K	120.83	96.67	72.50	72.50	72.50	290.00	265.83	241.67	217.50	193.33	169.17	145.00
L	145.00	120.83	96.67	72.50	72.50	72.50	290.00	265.83	241.67	217.50	193.33	169.17
M, N, O	193.33	169.17	145.00	120.83	96.67	72.50	72.50	72.50	290.00	265.83	241.67	217.50
P, Q, R	217.50	193.33	169.17	145.00	120.83	96.67	72.50	72.50	72.50	290.00	265.83	241.67
S, T, U	241.67	217.50	193.33	169.17	145.00	120.83	96.67	72.50	72.50	72.50	290.00	265.83
V, W, X, Y, Z	265.83	241.67	217.50	193.33	169.17	145.00	120.83	96.67	72.50	72.50	72.50	290.00

Information Centre

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

DCI_application-rep-certificate_January 2024

Before completing this form, please read the following carefully:

Use this form to confirm the attachment of a representative to your business.

If you are registered for AMF E-Services, you don't have to complete this form. You will receive a secure message in AMF E-Services asking you to confirm the attachment.

You are applying for:

- Confirmation of attachment
 Addition of attachment

SECTION 1 – IDENTIFICATION
INFORMATION ABOUT THE FIRM, INDEPENDENT PARTNERSHIP OR 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	Suite / Unit
Municipality		Province	Postal code

SECTION 2 – IDENTIFICATION OF THE REPRESENTATIVE

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

SECTION 3 – INFORMATION ABOUT ATTACHMENT	
Fees apply for the attachment of a representative. An invoice will be sent to you soon.	
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 OR 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	
<input type="checkbox"/> Mortgage brokerage	
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)	

SECTION 4 – DECLARATION PERTAINING TO PROFESSIONAL LIABILITY INSURANCE

REPRESENTATIVE ATTACHED TO A FIRM (OR INDEPENDENT PARTNERSHIP) AS AN EMPLOYEE OR PARTNER

Please answer the following question only if the representative will pursue activities on behalf of the firm (or independent partnership) as an **employee** or a **partner**.

1. Is the firm (or independent partnership) covered by professional liability insurance that is consistent with the requirements set out in section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2? Yes No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

REPRESENTATIVE ATTACHED TO A FIRM WITHOUT BEING AN EMPLOYEE

Please answer the following questions only if the representative will pursue activities on behalf of the firm **without being an employee**.

1. Please indicate how the representative is covered for professional liability:

- Covered by the firm's insurance
 Covered by an individual insurance policy

➤ *If the representative is covered by an individual insurance policy, please provide the following information for each insurance policy held by the representative:*

Insurer (Name or client No.)	Policy No.	Policy certificate No.

2. Is the professional liability insurance policy covering the representative consistent with the requirements set out in section 17 of the *Regulation respecting the pursuit of activities as a representative*, CQLR, c. D-9.2, r. 10? Yes No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

INDEPENDENT REPRESENTATIVE

Please answer the following question only if you will pursue activities as an **independent representative**.

1. Are you covered by professional liability insurance that is consistent with the requirements set out in section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2? Yes No

Refer to our web page [Professional liability insurance](#) for the regulatory requirements.

SECTION 5 – CHOICE OF BRANCH

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

SECTION 6 – REQUIRED SUPPORTING DOCUMENTS

Missing supporting documents will delay processing of your application.

	SUPPORTING DOCUMENTS
Professional liability insurance * If you answered “no” to a question in Section 4 – Declaration pertaining to professional liability insurance.	<input type="checkbox"/> Professional liability insurance policy, including all endorsements

SECTION 7 – DECLARATION ON INFORMATION PROVIDED
SIGNATURE OF THE RESPONSIBLE OFFICER, AUTHORIZED SIGNATORY, RESPONSIBLE PARTNER OR INDEPENDENT REPRESENTATIVE

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

 I also confirm that I am keeping a record on the outside activities of the representative, if applicable, which includes the documents and information enumerated in the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, D-9.2, r. 2.

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

The AMF only accepts forms sent by **mail** and submitted through **AMF E-Services**.

No form submitted by e-mail or fax will be accepted.

Send your application form and supporting documents along with 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