

Firm / Independent partnership / Independent representative

**Before completing this form, please read the following carefully:**

Firms, independent partnerships and independent representatives should use this form to make a change of business address (Part 2) or close a branch (Part 3).

If you prefer to make an address change or close a branch via our on-line service, please go to our website at [www.lautorite.qc.ca](http://www.lautorite.qc.ca) in the section **Professionals**.

To open a branch, you must fill out an Attachment of Representative or a Branch Transfer of Representatives form.

If your firm holds a right to practise under the *Securities Act*, you must also change the address in the National Registration Database (NRD).

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the *Act respecting the protection of personal information in the private sector*, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

## PART 1 – IDENTIFICATION

### INFORMATION ABOUT THE FIRM / INDEPENDENT PARTNERSHIP / INDEPENDENT REPRESENTATIVE

Client No. (10 digits)		NEQ (10 digits)	
Name of business			

## PART 2 – CHANGE OF BUSINESS ADDRESS

Tick all addresses affected by the change (use more than one page if necessary).

### For an independent representative:

- business address  
 mailing address

*To change your residential address, use the Change of Residential Address form.*

### For a firm or independent partnership:

- head office address  
 principal establishment address in Québec  
 branch address  
 mailing address

### CURRENT ADDRESS

Civic No. / P.O. Box		Street		Suite / Unit	
Municipality		Province		Postal code	
Telephone			E-mail		

### NEW ADDRESS

Civic No. / P.O. Box		Street		Suite / Unit	
Municipality		Province		Postal code	
Telephone			E-mail		

### Information Centre

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

DCI change of business address\_September 2023

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### PART 3 – BRANCH CLOSURE

Please ensure that no representatives are attached to this branch.

#### BRANCH ADDRESS

Civic No. / P.O. Box		Street		Suite / Unit	
Municipality		Province		Postal code	
Telephone		E-mail			

### PART 4 – DECLARATION

#### AUTHORIZED SIGNATORY

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	

The AMF only accepts forms sent by **mail**.

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

Forms must be sent to the following address:

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