

1. Identification

Last name: _____ First name: _____

Organization: _____

Mailing address

No. _____ Street _____ Apt. or Suite _____

City _____ Province _____ Postal code _____

Telephone: () _____ Fax: () _____

E-mail: _____

2. Format details

I wish to receive one or more lists in the following format (check one):

- Paper
 OR by e-mail (Excel format attached)

3. Lists requested

Please indicate the information you wish to obtain:

SECTION A – Independent partnerships and firms

- List of independent partnerships
 List of firms
 Both lists

Sectors

(check the sector(s) for which you wish to receive information)

- Insurance of persons
 Group insurance of persons
 Damage insurance
 Agent only
 Broker only
 Claims adjustment
 Financial planning

All sectors

Administrative regions

(check the region(s) for which you wish to receive information)

- | | |
|--|--|
| <input type="checkbox"/> 01 – Bas St-Laurent | <input type="checkbox"/> 10 – Nord-du-Québec |
| <input type="checkbox"/> 02 – Saguenay -
Lac-Saint-Jean | <input type="checkbox"/> 11 – Gaspésie -
Iles-de-la-
Madeleine |
| <input type="checkbox"/> 03 – Québec City | <input type="checkbox"/> 12 – Chaudière-
Appalaches |
| <input type="checkbox"/> 04 – Mauricie | <input type="checkbox"/> 13 – Laval |
| <input type="checkbox"/> 05 – Estrie | <input type="checkbox"/> 14 – Lanaudière |
| <input type="checkbox"/> 06 – Montréal | <input type="checkbox"/> 15 – Laurentides |
| <input type="checkbox"/> 07 – Outaouais | <input type="checkbox"/> 16 – Montérégie |
| <input type="checkbox"/> 08 – Abitibi-
Témiscamingue | <input type="checkbox"/> 17 – Centre-du-Québec |
| <input type="checkbox"/> 09 – Côte-Nord | |

18 – All regions

4. Information for applicants

Your application may not pertain to a set of public information, since the AMF register was solely established to enable the public to determine whether an individual person is authorized to act as a representative.

If your application relates to the use of personal information contained in the register for purposes other than those for which it was gathered, it will be considered to be contrary to the provisions of the *Act respecting Access to documents held by public bodies and the Protection of personal information*, R.S.Q., c. A-2.1 (the "Access Act") with regard to the protection of personal information.

The AMF's position is based on decisions consistently issued by the *Commission d'accès à l'information* as regards the application of the Access Act.

You can, however, determine whether a representative is listed in the AMF register using our website.

To obtain a copy of your file as a representative, please complete the form "Application for Access to Representative's Own File."

For access to any other information, please complete the form "Application for Access to Information." These forms are available on our website at www.lautorite.qc.ca.

5. Payment and consultation

Fees for accessing the register are charged in accordance with schedule 1 of the *Regulation respecting fees for the transcription, reproduction or transmission of documents or personal information*. The fee for this service varies according to the type and number of documents requested.

Further to an application for remote access, the information access officer will provide an estimate of the fee for document reproduction. Upon receipt of your payment, you will be sent a copy of the document(s) and the original invoice, if applicable. Note that no refunds can apply to this service.

Applications should be sent to the information access officer as follows:

Responsable de l'accès à l'information
A/S Gestion documentaire
Autorité des marchés financiers
800, square Victoria, 22e étage
C.P. 246, tour de la Bourse
Montréal (Québec) H4Z 1G3

Or by email: GestionDocumentairemtl@lautorite.qc.ca

6. Accommodations

The AMF processes applications made under An Act respecting Access to documents held by public bodies and the Protection of personal information in a manner that enables persons with disabilities to exercise their rights under the Act.

If you are disabled and wish to exercise a right provided for under the Act, please refer to your disability and outline any accommodation or measure that could make it easier for you to exercise your rights related to accessing or correcting information.

The AMF will proceed with all reasonable applications. Should the AMF be unable to meet your request for accommodation, it will propose an alternative process. With respect to the exercise of your right to access and make corrections to information, the AMF adheres to the provisions of the policy on the rights of persons with disabilities introduced by the Ministère de la Santé et des Services Sociaux (Québec ministry of health and social services) in December 2006.