

Province:

CHANGE OF STATUS:

Present Position in the Firm: ____

Name of Partner, Director or Officer of the firm

TRANSFER:

APPLICATION FOR

CHANGE OF STATUS:

| NAME OF APPLICANT: | | SIN: |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| RESIDENTIAL ADDRESS (incl | ude postal code and telephone no.: | |
| NAME OF EMPLOYER: | | |
| | CANT WILL BE WORKING (include postal code | |
| ADDRESS FOR SERVICE IN T | HE PROVINCE OF QUEBEC (include postal code | s): |
| | | |
| UNIFORM APPLICATION FO | HANGES IN THE INFORMATION GIVEN IN OR REGISTRATION/APPROVAL PREVIOUS _ IF "YES", ATTACH FULL PARTICULARS | LY FILED BY YOU AND APPROVED? |
| THE FOLLOWING AREAS AR THROUGH 20 RESPECTIVELY | E ADDRESSED IN THE UNIFORM APPLICATE | TION AND CONSTITUTE QUESTIONS 11 |
| | - CHANGE OF NAME - PRIOR REGISTRATION OR LICENSING - REFUSAL, SUSPENSION CANCELLATION OR DISCIPLINARY MEASURES - SELF-REGULATORY ORGANIZATIONS - OFFCENCES UNDER THE LAW | - CIVIL PROCEEDINGS - BANKCRUPTCY - JUDGEMENT OR GARNISHMENT - SURETY BONDS OR FIDELITY BOND - BUSINESS ACTIVITIES |
| TRANSFER: | | |
| Name of Previous Employer: | | |
| Date of Termination: | Date of Transfer: | |
| Anniversary Date of Registration | n under Securities Act/Commodity Futures Act: | |

| Applicable Examination Written / Date Passed (attach proof of passing): | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | | | |
| The undersigned hereby certify that the foregoing statements are true and correct to the best of our knowledge, information and belief (after | | | |
| having seen the Uniform Application for Registration/Approval and all subsequent Applications for Change of Status or Transfer previously filed | | | |
| by the applicant) and we hereby undertake to notify the self-regulatory body having audit jurisdiction over the approved participant, in writing, of | | | |
| any material change therein within the period prescribed by any by-law or rule of the respective self-regulatory organizations. | | | |

| Date : | | |
|--------|------------------------|--|
| | Signature of Applicant | |
| | | |

Signature of Partner, Director or Officer of the firm