

TERMINATION NOTICE

DATE OF TERMINATION: _____

NAME OF EMPLOYEE: _____

NAME OF EMPLOYER: _____

ADDRESS WHERE EMPLOYED: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NUMBER: _____

PARTICULARS OF TERMINATION:

UNSOLICITED

DISMISSED FOR CAUSE

SOLICITED BY THE FIRM

OTHER

1. State reasons for termination:

2. (a) To the best of the firm's knowledge, have there been any changes to the information provided in the application as SAM authorized person or application for transfer?

(b) Since the approval as a SAM authorized person or application for transfer, please indicate if the employee has been the subject of:

(i) any offences under the law?

(ii) any civil proceedings?

(iii) any declaration of personal bankruptcy or insolvency?

(iv) any judgements, garnishments or out-of-court settlements with clients in excess of \$5,000.00?

(v) any investigations, disciplinary action or proceedings?

(c) Is the employee now or, during his/her employment with the firm, ever been the subject of:

(i) unresolved client complaints?

(ii) internal discipline or restrictions for violation of regulatory requirements?

(d) Is the firm in possession of any information which would suggest that the employee has engaged in any conduct which contravenes regulatory requirements, or is inconsistent with just and equitable principles of trade?

(e) If 'Yes' to any of the above, provide full particulars:

3. (a) Has the employee seen this Termination Notice?

(b) If the employee's signature was not obtained, state reasons:

Comments: _____

I am satisfied that the information contained in this Termination Notice reflects the knowledge of the employee's supervisors and the firm's management.

Date

Signature of Partner, Director or Officer

Position held

Name of Partner, Director or Officer

I have reviewed this Termination Notice and do / do not agree with the information contained therein

AGREE

DO NOT AGREE

Provide particulars

Date

Signature of Employee