

TERMINATION NOTICE



DATE OF TERMINATION: _____
NAME OF EMPLOYEE: _____
NAME OF EMPLOYING FIRM: _____
ADDRESS WHERE EMPLOYED: _____
RESIDENTIAL ADDRESS: _____
TELEPHONE NUMBER: _____
PARTICULARS OF TERMINATION: _____

Resignation - Unsolicited	Dismissal - For cause	Retirement / Decease
Resignation - Solicited by the firm	Dismissal - In good standing	Other

- 1 a) State reasons for termination:
- b) Are any of the reason(s) stated above linked to trading activities on the Bourse de Montréal? If so, please explain:
- 2 a) To the best of the firm's knowledge, have there been any changes to the information provided in the application as approved person or application for transfer?
- b) To the best of the firm's knowledge, since the approval as an approved 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 any regulatory requirements?

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d) Is the firm in possession of any information which would suggest that the employee has engaged in any conduct which contravenes Bourse de Montréal Rules or requirements?

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:

Partner, Director or Officer Acknowledgment

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 of Partner, Director or Officer

Name of Partner, Director or Officer

Email of Partner, Director of Officer

Phone of Partner, Director or Officer

Employee Acknowledgment

I have reviewed this Termination Notice and AGREE / DO NOT AGREE with the information contained therein:

AGREE

DO NOT AGREE

Please provide particulars if you do not agree:

Date

Signature of Employee