



IDENTIFICATION OF THE APPLICANT	
LAST NAME :	FIRST NAME :
ADDRESS :	
PHONE NUMBER (HOME) : (____) ____ - ____	PHONE NUMBER (OTHER): (____) ____ - ____
QUALITY (APPLICABLE, FOR EXAMPLE : HEIR, ATTORNEY) :	
IDENTIFICATION OF THE DOCUMENT REQUESTED	
FORM OF CONSULTATION	
CONSULTATION AT THE CHAMBER'S HEAD OFFICE <input type="checkbox"/>	COPY OF THE DOCUMENT <input type="checkbox"/>

I hereby certify that the information given in the section "Identification of the applicant" is accurate.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

The use of this form is not compulsory, but if you wish to use it, make sure you send it to the attention of the Chamber's Person in charge of Access to Documents and Protection of Personal Information.

RESERVED FOR THE EXCLUSIVE USE OF CHAMBRE DE LA SÉCURITÉ FINANCIÈRE	
RECEPTION OF THE REQUEST	DEADLINE
NOTICE OF RECEPTION	COMMUNICATION OF THE DECISION
TRANSMISSION OF DOCUMENT BY REGISTERED MAIL	REQUEST NUMBER
ANALYSIS AND DECISION	