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| **IDENTIFICATION OF TRAINERS FORM** |

1. Company/organization:

**Name of the trainer**:

Address (if different from the provider’s address):

City:       Province:       Postal code:

Phone:       Email:

For an application to the CSF - Is this trainer a representative?  Yes. AMF certificate number:      /  No

For an application to the IQPF - Is this trainer a financial planner  Yes /  No

Do they have a disciplinary record?  Yes /  No

One of these 2 documents is attached to this application:  Resume  Biography

Brief description of the trainer’s experience and acquired knowledge, demonstrating they have the necessary competencies to lead this training activity (maximum 3 lines):

1. Company/organization:

**Name of the trainer**:

Address (if different from the provider’s address):

City:       Province:       Postal code:

Phone:       Email:

**For an application to the CSF** - Is this trainer a representative?  Yes. AMF certificate number:      /  No

**For an application to the IQPF** - Is this trainer a financial planner  Yes /  No

Do they have a disciplinary record?  Yes /  No

One of these 2 documents is attached to this application:  Resume  Biography

Brief description of the trainer’s experience and acquired knowledge, demonstrating they have the necessary competencies to lead this training activity (maximum 3 lines):