

REQUEST FOR INQUIRY

INTO A MEMBER OF THE CHAMBRE DE LA SÉCURITÉ FINANCIÈRE

The mission of the Chambre de la sécurité financière is to protect the public by maintaining discipline and overseeing the training and ethics of its more than 32,000 members.

This form is addressed to the Ethics and Professional Conduct Department (EPCD). Its director, the syndic, is tasked with carrying out an inquiry upon receipt of information to the effect that a representative may have committed an offence under the *Act respecting the distribution of financial products and services* (CQLR, c. D-9.2), the *Securities Act* (CQLR, c. V-1.1), or their regulations. The syndic may act on his/her own initiative or upon receiving information. Upon receiving a request for an inquiry, the EPCD team gathers the information needed to analyze the situation in an informed manner. The entire process is confidential.

IDENTIFICATION OF INDIVIDUAL REQUESTING THE INQUIRY

Mrs. Mr. Date of birth _____
Year - Month - Day

Last name _____ First name _____

Address _____

City _____ Province _____ Postal Code _____

Home telephone (____) _____ - _____ Office telephone (____) _____ - _____

Cell telephone (____) _____ - _____ Email _____

If you are a representative, please enter the following information:

Certificate no. _____ NRD no. _____

Purpose of the request for inquiry: _____

IDENTIFICATION OF CO-REQUESTOR (IF APPLICABLE)

Mrs. Mr. Date of birth _____
Year - Month - Day

Last name _____ First name _____

Address _____

City _____ Province _____ Postal Code _____

Home telephone (____) _____ - _____ Office telephone (____) _____ - _____

Cell telephone (____) _____ - _____ Email _____

If you are a representative, please enter the following information:

Certificate no. _____ NRD no. _____



**Chambre
de la sécurité
financière**

CHAMBRE DE LA SÉCURITÉ FINANCIÈRE

Business Conduct and Ethics Department
2000 McGill College avenue, 12th floor, Montreal, QC H3A 3H3
Phone : 514 282-5777 or toll free 1 800 361-9989
Fax : 514 282-2225

REQUEST FOR **INQUIRY**

INTO A MEMBER OF THE CHAMBRE DE LA SÉCURITÉ FINANCIÈRE

IDENTIFICATION OF PROFESSIONAL CONCERNED BY THE REQUEST FOR INQUIRY

Mrs. Mr.

Last name _____ First name _____

Financial institution or insurance _____

Professional Address _____

City _____ Province _____ Postal Code _____

Office telephone (____) _____ - _____ Cell telephone (____) _____ - _____ Email _____

Please enter the following information if you have it:

Certificate no. _____ NRD no. _____

OTHER PARTY INVOLVED OR WITNESS

Mrs. Mr.

Date of birth _____
Year - Month - Day

Last name _____ First name _____

Address _____

City _____ Province _____ Postal Code _____

Home telephone (____) _____ - _____ Office telephone (____) _____ - _____

Cell telephone (____) _____ - _____ Email _____

Link with requester or representative : _____

If you are a representative, please enter the following information :

Certificate no. _____ NRD no. _____

* If other people are involved or have witnessed the facts, please attach their contact information.

SUBJECT OF THE REQUEST FOR INQUIRY

State the detailed reasons for your request for inquiry. In particular, indicate the date of the alleged facts, the place where the incident took place, the damage caused, a description of the incident, and the reasons you believe an offence occurred. Use the additional sheet provided at the end of this document if the space below is insufficient.

In order to accelerate the inquiry process, please provide copies of all the documents in support of your request (such as contracts, insurance proposals, loan agreements, cheques, investment statements and bank statements). Please make sure to keep the originals of all documents, emails and any other relevant correspondence.

IDENTIFICATION OF FINANCIAL PRODUCTS

Issuing financial institution or company concerned _____

Type of product

RRSPs

Segregated funds

Life insurance

RESPs

Mutual funds

Group insurance

Leveraged loan

Financial planning

Other _____

Contract no. _____

Date of issue _____

Owner of the contract (if other than the inquiry requestor) _____

and date of birth _____

Year - Month - Day

WHAT STEPS WERE TAKEN TO RESOLVE YOUR PROBLEM?

Have you contacted the representative?

Yes

No

Have you contacted the financial institution or company involved?

Yes

No

Have you contacted the Autorité des marchés financiers?

Yes

No

Have you taken steps with the Fonds d'indemnisation des services financiers?

Yes

No

Have you instituted legal proceedings against the professional concerned by your requested for inquiry?

Yes

No

Did another representative recommend that you file this request for inquiry?

Yes

No

If so, please provide the representative's name: _____

and address: _____

Describe your steps:

CONSENT REGARDING THE REQUESTOR'S PERSONAL INFORMATION

I, the undersigned, _____
authorize the Chambre's syndic and his/her staff to collect, hold, use and disclose any personal information concerning me that they deem necessary to process my request for inquiry and any related operation intended to sanction ethical offences, for the entire duration of the processing of this request for inquiry and any subsequent proceedings.

To that end, I authorize anyone in possession of personal information concerning me to disclose in to the Chambre's syndic and his/her staff for the purpose of processing this request for inquiry.

This voluntary and informed authorization is specifically granted to the Chambre's syndic and his/her staff, for the time required to process this request for inquiry and any subsequent proceedings.

A copy of this authorization is as valid as the original.

CONSENT OF THE REQUESTER

By checking this box, I agree. Checking this box constitutes a legal signature. _____
Year - Month - Day

CONSENT OF THE CO-REQUESTER

By checking this box, I agree. Checking this box constitutes a legal signature. _____
Year - Month - Day

SIGNATURE OF THE REQUESTOR FOR INQUIRY

I, the undersigned, certify that all the information contained in the Request of Inquiry is complete and accurate. I undertake to fully cooperate with the syndic of the Chambre de la sécurité financière and his/her staff by providing additional information or documents when required, if applicable.

SUBMIT REQUEST

By checking this box, I, as the requestor, agree to submit this request for inquiry. Checking this box constitutes a legal signature. _____
Year - Month - Day

SUBMIT REQUEST

By checking this box, I, as the co-requestor, agree to submit this request for inquiry. Checking this box constitutes a legal signature. _____
Year - Month - Day

You must save the form and send it duly completed. Please attach the complete form and any documents that may be relevant to the inquiry (e.g. : insurance contracts, statements) to the following email address:

demande-enquete@chambresf.com

