

FILE COPY REQUEST FORM

GENERAL INSTRUCTION

This form is used for requesting copy of registration records with the Investment Industry Regulatory Organization of Canada.

Please fill out all required fields and forward the form with \$50 fee to the IIROC office for the province in which you were registered:

IIROC QUEBEC OFFICE
Suite 1550
5, Place Ville Marie
Montréal (Québec) H3B 2G2
Attn: Registration Department

IIROC PRAIRIE OFFICE
Suite 2300, 355 Fourth Avenue S.W.,
Calgary, Alberta T2P 0J1
Attn: Registration Department

IIROC ONTARIO / ATLANTIC OFFICE
Suite 2000, 121 King Street West,
Toronto, Ontario M5H 3T9
Attn: Registration Department

IIROC PACIFIC
Suite 2800 - Royal Centre
1055 West Georgia Street P.O. Box 11164
Vancouver, British Columbia V6E 3R5
Attn: Registration Department

REQUESTOR INFORMATION

Name: _____
(First, Middle, Last)

Date of Birth: _____
(MM-DD-YY)

Telephone No.: _____

Address: _____

ONLY THE LAST NOTICE OF TERMINATION IS PROVIDED IN THE FILE COPY. WOULD YOU LIKE TO RECEIVE COPIES OF PREVIOUS NOTICES OF TERMINATION IN THIS FILE COPY?

Yes No

FORM OF PAYMENT (\$50)

- Cheque
 Money Order
 Cash

One fee is required for all jurisdictions

DELIVERY METHOD:

- To be picked up - please call when available. **Photo identification will be required.**
 Send to contact information as indicated below specified in the information release section

INFORMATION RELEASE

Please forward a copy of my Registration file to the following:

Name of Member Firm: _____

Name of contact person: _____ Email Address: _____

Address: _____ Telephone No.: _____

CERTIFICATION

I, the undersigned, request and authorize the release of this file copy as instructed above.

Signature: _____

Date: _____