

IIROC HEARING INFORMATION REQUEST FORM

**Please ensure that you have carefully reviewed the
IIROC's Policy on Requests For Disciplinary Hearing and Settlement Hearing
Records**

Name of person requesting information (the "Requester"):

Address, phone, fax (optional), email (optional) of the person requesting information:

Describe the nature of the information requested (please be as specific and detailed as possible):

Please be advised that any copying will be charged to the requester at a commercial rate determined by the National Hearing Coordinator or the Transcription Service provider involved.

Please return this completed form to: NHC1@iroc.ca or to the following address:

National Hearing Coordinator
Investment Industry Regulatory Organization of Canada
Suite 1600, 121 King St. West
Toronto, ON M5H 3T9

Declaration: If IIROC provides the information that I have requested, I undertake not to sell the information to others.

Date:

Signature: