

**REGULATORY REVIEW PROCEEDING  
IIROC Rule 9300  
HEARING DATE REQUEST**

Please complete and email to the National Hearing Coordinator at [NHCI@iiroc.ca](mailto:NHCI@iiroc.ca)

**Review sought:**

**Requested Method Of Hearing:**

In Person

Conference Call

Written

Other

If Other, specify: \_\_\_\_\_

**Party Requesting the Review**

Name: \_\_\_\_\_

Contact Information (address, email, telephone number):

\_\_\_\_\_  
\_\_\_\_\_

Counsel (if represented): \_\_\_\_\_

Contact Information for Counsel: \_\_\_\_\_

\_\_\_\_\_

**Responding Party**

Name: \_\_\_\_\_

Contact Information (address, email, telephone number):

\_\_\_\_\_

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**Counsel (if represented):** \_\_\_\_\_

**Contact Information for Counsel:** \_\_\_\_\_

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**Registration History of Approved Person** (9204 and 9207 Applications) – please specify dates, firm and location:

From	To	Firm	Location of Firm (City, Province)

**Name of Dealer Member employed with at the time of the District Council decision:**

\_\_\_\_\_

**Hearing Location:**

**If Other, enter location:** \_\_\_\_\_

**Hearing duration (days, including ½ days):** \_\_\_\_\_

**Language requirements:**

**Suggested dates:**

**1.** \_\_\_\_\_ **2.** \_\_\_\_\_ **3.** \_\_\_\_\_

**Number of attendees:**

**\*Please attach the decision for which a review is requested\***

**Additional Comments**

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