

ENFORCEMENT PROCEEDING HEARING DATE REQUEST

Please complete and e-mail to the National Hearing Coordinator at nhcl@iroc.ca.

Initial Appearance

Commencing Notice

Requested Method of Hearing:

oral

conference telephone call

written

other

If Other, specify: _____

IIROC Enforcement Staff

Name of IIROC Enforcement Counsel: _____

Name of Respondent: _____

Address: _____

Phone number: _____

Email: _____

If individual, name of current Dealer Member employed with:

Is Respondent represented by Counsel?

Name of Counsel: _____

Address: _____

Phone number: _____

Email: _____

Registration History: Please specify dates, firm and location.

From	To	Firm	Location of Firm (City, Province)

Name of Dealer Member employed with at time of activities alleged in NOH:

Hearing location:

If Other, enter location:

Hearing duration (days, including ½ days): _____

Language requirements:

Suggested dates:

1. _____ 2. _____ 3. _____

Number of attendees:

Is there a related discipline matter? Yes No

**If Yes, name of Respondent in
related matter:**

**Type of related matter
(Settlement, Contested, etc):**

Date of related matter:

**(Attach decision from related
matter to Hearing Request, if
available)**

**** Additional Comments ****
