

HEARING RECORD REQUEST FORM

Please ensure that you have carefully reviewed IIROC's [Policy regarding use and disclosure of personal information in IIROC disciplinary proceedings](#).

Name of person requesting information:

Address:

Email:

Phone:

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 form to: NHC1@iiroc.ca or to the following address:

National Hearing Coordinator
Investment Industry Regulatory Organization of Canada
Suite 2000, 121 King St. West
Toronto, ON M5H 3T9

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