

FILE COPY REQUEST FORM

GENERAL INSTRUCTIONS

This form is used to request a copy of your registration records with the Canadian Investment Regulatory Organization (CIRO) for individuals approved under the Investment Dealer and Partially Consolidated (IDPC) Rules.

Please fill out all required fields and send via encrypted email to the CIRO office for the province in which you are/were registered.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> CIRO ONTARIO OFFICE
40 Temperance Street
Suite 2600
Toronto, ON M5H 0B4
Attn: Registration
Department
OntarioFilings@ciro.ca | <input type="checkbox"/> CIRO PACIFIC OFFICE
Suite 2800 – Royal Centre
1055 West Georgia Street
Vancouver, BC
P.O. Box 11164 V6E 3R5
Attn: Registration
Department
PacificFilings@ciro.ca | <input type="checkbox"/> CIRO PRAIRIE OFFICE
Suite 800,
Bow Valley Square 3
255-5th Avenue S.W.
Calgary, AB T2P 3G6
Attn: Registration
Department
PrairieFilings@ciro.ca | <input type="checkbox"/> CIRO QUEBEC OFFICE / ATLANTIC OFFICE
525 Viger Avenue West,
Suite 601
Montreal (Quebec) H2Z 0B2
Attn: Registration
Department
QuebecFilings@ciro.ca
AtlanticFilings@ciro.ca |
|--|---|--|--|

REQUESTOR INFORMATION

Name: _____ Date of Birth: _____
(First, Middle, Last) (YY-MM-DD)

Telephone No.: _____ Address: _____

Only the last Form 33-109F1 “Notice of End of Registered Individual and Permitted Individual Status”(formerly called a Notice of Termination) is provided in the file copy. Would you like to receive copies of any previous Notices of Termination or Form 33-109F1s in this file copy?

☐ Yes ☐ No

FORM OF PAYMENT (\$50)

Please make a payment after you receive an invoice from our finance department at the end of the month.

Fill in the information that we can send our invoice to:

(Below to be completed if payment email is different from email indicated in the “Delivery Method” section below)

Dealer Member (if applicable): _____

Name of Email Recipient: _____ Email Address: _____

We accept **EFT, E-transfer or wire.**

Note: Only one fee is required to be paid for all jurisdictions.

DELIVERY METHOD

☐ To be picked up by Requestor/authorized individual - please call when available. **Photo identification will be required.**

(to be completed if pick up is not by Requestor) – I authorize a copy of my Registration file be provided to:

Name of authorized individual: _____ Dealer Member: _____

☐ Send via encrypted email to Dealer Member/Requestor at the following email address:

Dealer Member (if applicable): _____

Name of Email Recipient: _____ Email Address: _____

☐ Send via registered mail to Requestor as indicated in the “Requestor Information” section above.

CERTIFICATION

I, the Requestor, request and authorize the release of this file copy as instructed above. I authorize electronic submission of this form.

Signature: _____

Date: _____