

# FILE COPY REQUEST FORM

## GENERAL INSTRUCTIONS

This form is used for requesting a copy of your registration records with the Investment Industry Regulatory Organization of Canada. This form should be transmitted via OneWorld or another secure method.

Please fill out all required fields and forward the form with \$50 fee to the IIROC office for the province in which you are/were registered.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> IIROC ONTARIO<br>121 King Street West<br>Suite 2000<br>Toronto, ON M5H 3T9<br>Attn: Registration<br>Department<br><a href="mailto:OntarioFilings@iiroc.ca">OntarioFilings@iiroc.ca</a> | <input type="checkbox"/> IIROC PACIFIC OFFICE<br>Suite 2800 - Royal Centre<br>1055 West Georgia Street<br>Vancouver, BC<br>P.O. Box 11164 V6E 3R5<br>Attn: Registration<br>Department<br><a href="mailto:PacificFilings@iiroc.ca">PacificFilings@iiroc.ca</a> | <input type="checkbox"/> IIROC PRAIRIE OFFICE<br>Suite 800,<br>Bow Valley Square 3<br>255-5th Avenue S.W.<br>Calgary, AB T2P 3G6<br>Attn: Registration<br>Department<br><a href="mailto:PrairieFilings@iiroc.ca">PrairieFilings@iiroc.ca</a> | <input type="checkbox"/> IIROC QUEBEC OFFICE /<br>ATLANTIC OFFICE<br>525 Viger Avenue West,<br>Suite 601<br>Montreal (Quebec)<br>H2Z 0B2<br>Attn: Registration<br>Department<br><a href="mailto:QuebecFilings@iiroc.ca">QuebecFilings@iiroc.ca</a><br><a href="mailto:AtlanticFilings@iiroc.ca">AtlanticFilings@iiroc.ca</a> |
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## REQUESTOR INFORMATION

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

Telephone No.: \_\_\_\_\_ Address: \_\_\_\_\_

## ONLY THE LAST NOTICE OF TERMINATION IS PROVIDED IN THE FILE COPY. WOULD YOU LIKE TO RECEIVE COPIES OF PREVIOUS NOTICES OF TERMINATION IN THIS FILE COPY?

- Yes  No

## FORM OF PAYMENT (\$50)

- Cheque  Cash  Money Order  EFT – provide ID# \_\_\_\_\_

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

## DELIVERY METHOD

- To be picked up by Requestor - please call when available. **Photo identification will be required.**
- To be picked up by authorized individual - please call when available. **Photo identification will be required.**
- Send via encrypted email to Dealer Member as indicated in the "Information Release" section below.
- Send via registered mail to Requestor as indicated in the "Requestor Information" section above.

## INFORMATION RELEASE

*PICK UP (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: \_\_\_\_\_

*VIA EMAIL* – I authorize a copy of my Registration File be sent via encrypted mail to:

Dealer Member: \_\_\_\_\_

Name of Email Recipient: \_\_\_\_\_ Email Address: \_\_\_\_\_

*VIA REGISTERED MAIL* – Send a copy of my Registration file via registered mail to my address noted 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: \_\_\_\_\_