

HEARING DATE REQUEST

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

Commencing Notice:

Appearance Date:

Requested Method of Hearing:

- oral
- electronic (conference call)
- written
- other

If other, specify:

Requested by:

IIROC Staff

Name of 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

Hearing location:

If other, enter location:

Hearing duration
(days, including ½ days or hours, if requesting an initial appearance):

Language requirements:

Suggested dates:

- 1.
- 2.
- 3.

Number of attendees:

Is there a related discipline matter?

If Yes, name of Respondent in related matter:

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

Hearing Date of related matter:

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

**** Additional Comments ****