

FILE COPY REQUEST FORM

GENERAL INSTRUCTIONS

This form is used to request a copy of your registration records with the New Self-Regulatory Organization of Canada (New SRO).

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

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