

## REGISTRATION FORM - ADVISER

Include instructions for completion.

Definition of Terms

Is this an:      Initial Application      Amendment

### GENERAL INFORMATION

NRD No.

1. Full Name of the Adviser:  
*(if sole proprietor state last, first and middle name)*

(a) Name under which you primarily conduct your advisory business, if different from above:

(b) Has the applicant, or to the best of the applicant's information and belief, has any affiliate of the applicant, operated under, or carried on business under, any name other than the name shown in this application? .....  Yes     No

If "yes" list on Schedule "D", Section I - *Other Business names Previously Used*, any other names under which the firm has previously conducted business (firm history required for last 10 years).

(c) List on Schedule "D", Section II - *Other Business Names Currently in Use*, any other names under which the firm currently conducts business (e.g. trade names)

### *Head Office*

2. Head Office Business Address *(do not use a P.O. Box)*  
*(number, street, city, province/territory, postal code)*

(a) Mailing Address (if different than above) *(do not use a P.O. Box)*  
*(number, street, city, province/territory, postal code)*

(b) Days of the week business is normally conducted at head office:  
 Monday to Friday  
 Other (specify): \_\_\_\_\_

(c) Hours business is conducted at this location  
*(from \_\_\_\_\_ to \_\_\_\_\_ )*

(d) Area Code + Telephone Number

(e) Fax Number

(f) Do you have a Website address? .....  Yes     No  
If "yes", list all addresses below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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### **Authorized Firm Representative**

*(i.e. an employee whom you have authorized to receive information and respond to questions about this Form)*

3. Name of Authorized Firm Representative *(last, first and middle name)*:

Title of Authorized Firm Representative:

*Complete the following information for the Authorized Firm Representative:*

(a) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(b) Area Code + Telephone

(c) e-mail Address

(d) Fax Number

**Branches** *For each Branch Office location please complete the following information:*

Check only one box:             Add             Delete             Amendment

4. NRD Branch No.

(a) Name of Branch Manager

(b) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(c) Mailing Address (if different from above) *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(d) Area Code + Telephone Number

(e) Fax Number

(f) Website Address

**Sub-branches** *For each Sub-Branch Office location please complete the following information:*

Check only one box:             Add             Delete             Amendment

5. NRD Sub-Branch No.

(a) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(b) Mailing Address (if different from above) *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(c) Area Code + Telephone Number

(d) Fax Number

(e) Website Address

(f) State which location supervises this Sub-Branch:  
Business Address *(do not use a P.O. Box)* (number, street, city, province/territory, postal code)

## REGISTRATION FORM - ADVISER

### SRO AND SECURITIES COMMISSION

6. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO) and/or Securities Commission in which the applicant is a member/registered or applying for membership/registration:

#### Currently Registered

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut
  
- Investment Dealers Association of Canada
- Mutual Fund Dealers Association
- Canadian Venture Exchange (CNDX)
- Montreal Exchange
- Toronto Stock Exchange
- Toronto Futures Exchange
- Winnipeg Commodity Exchange

#### Registering

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut

7. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO,) Securities Commission and/or Other Regulator in which the applicant is a member/registered:

- SEC
- US State Regulators
  
- Other (specify - other than noted in Item #6): \_\_\_\_\_

**REGISTRATION FORM - ADVISER**

**REGISTRATION CATEGORY**

8. Indicate by checking the appropriate box(es) each category of registration in which the applicant is registered or registering:

Currently Registered	Registering
<input type="checkbox"/> Securities Dealer <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Mutual Fund Dealer <input type="checkbox"/> Limited Market Dealer <input type="checkbox"/> Scholarship Plan Dealer <input type="checkbox"/> Underwriter <input type="checkbox"/> Exchange Contract Dealer <input type="checkbox"/> Commodities Dealer <input type="checkbox"/> Real Estate Securities Dealer <input type="checkbox"/> International Dealer <input type="checkbox"/> Securities Issuer	<input type="checkbox"/> Investment Counsel <input type="checkbox"/> Portfolio Manager <input type="checkbox"/> Securities Advisers <input type="checkbox"/> Financial Advisers

**AUDITORS**

9. Indicate the name of the audit firm, contact person, address, telephone and fax numbers and e-mail address of the firm's auditor:

Contact Person (Name and Title) .....

Firm .....

Address .....

Area Code + Telephone Number .....

e-mail Address .....

Fax Number .....

10. Is a letter from the auditors acknowledging that this audit firm is the auditor for the applicant on file at the firm? .....  Yes  No

If not, why .....

**BUSINESS STRUCTURE**

11. State the fiscal year end date for the adviser firm month\_\_\_\_\_ day \_\_\_\_\_

12. Indicate legal status of the applicant:

Corporation

Partnership

Limited Partnership

Sole Proprietorship

Other (specify) \_\_\_\_\_

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13. If other than a sole proprietor, indicate date and place applicant obtained its legal status (i.e. province/state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed):

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
(MM/DD/YYYY)

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
(MM/DD/YYYY)

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
(MM/DD/YYYY)

14. Supporting documents submitted to primary jurisdiction include:

Articles of Incorporation/Sole Proprietor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Participation in Contingency Trust Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Financial Institution Bond	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Statement of Policies or Forms 69/70	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Policies and Procedures Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Audited Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Proof of Adequate Capital	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Subordination Agreement in Proper Format	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### INFORMATION ABOUT YOUR ADVISORY BUSINESS

The following questions are geared to assist us in understanding your business and to assist us in preparing for on-site compliance examinations.

#### *Employees*

15. How many employees do you have (do not include any clerical workers)?

- 1 -5
- 6 - 10
- 11 - 50
- 51 - 250
- 251 - 500
- 501- 1,000
- more than 1,000

If more than 1,000 please state how many \_\_\_\_\_

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16. How many of these employees:
- (a) perform investment advisory functions (including research)?
- 1 -5
  - 6 - 10
  - 11 - 50
  - 51 - 250
  - 251 - 500
  - 501- 1,000
  - more than 1,000
- If more than 1,000 please state how many \_\_\_\_\_

- (b) solicit advisory clients?
- 1 -5
  - 6 - 10
  - 11 - 50
  - 51 - 250
  - 251 - 500
  - 501- 1,000
  - more than 1,000
- If more than 1,000 please state how many \_\_\_\_\_

### ***Clients***

17. In the past fiscal year, to how many clients did you provide advisory services?
- 0
  - 1 - 10
  - 11 - 25
  - 26 - 100
  - 101 - 250
  - 251 - 500
  - more than 500
- If more than 500 please state how many \_\_\_\_\_

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18. Indicate the type of client you have by checking the appropriate categories below. This chart indicates the type of client as a percentage of the total number of clients.

Up to 10%    11-25%    26-50%    51-75%    over 76%

Individuals (other than high net worth individuals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High net worth individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banking institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment companies (including mutual funds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pooled investment vehicles (e.g. hedge funds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporations or other businesses not noted above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government entities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### *Compensation Arrangements*

19. You are compensated for your investment advisory services by (check all that apply):

- a percentage of assets under your management
- hourly charges
- subscription fees (for a newsletter or periodical)
- fixed fees (other than subscription fees)
- commissions
- performance based fees
- Other (specify): \_\_\_\_\_

### *Assets Under Management*

20. Do you provide continuous and regular supervisory or management services to securities portfolios?  
 Yes     No

If "yes", what is the amount of your assets under management and total number of accounts?

	Dollar Amount (Canadian \$)	Total Number of Accounts
Discretionary	\$ _____	_____
Non-Discretionary	\$ _____	_____
<b>TOTAL Assets Under Management</b>	<b>\$ _____</b>	<b>_____</b>

*Please refer to Schedule "x" for an explanation on the calculation of assets under management.*

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***Advisory Activities***

21. What type of advisory services do you provide (check all that apply):
- Financial planning services
  - Portfolio management for individuals and/or small businesses
  - portfolio management for investment companies (including mutual funds)
  - Portfolio management for businesses or institutional clients (other than investment companies)
  - Pension consulting services
  - Publication of periodicals or newsletters
  - Other (specify): \_\_\_\_\_
22. If you provide financial planning services, to how many clients did you provide these services during the last fiscal year?
- 0
  - 1 - 10
  - 11 - 25
  - 26 - 100
  - 101 - 250
  - 251 - 500
  - more than 500
- If more than 500 please state how many \_\_\_\_\_
23. If you participate in a wrap fee programme, do you (check all that apply):
- sponsor the wrap fee programme?
  - act as a portfolio manager for the wrap fee programme?
- If you are a portfolio manager for wrap fee programmes, complete Schedule "D", Section IV - *Wrap Fee Programmes*.

***Location of Books and Records***

24. Do you maintain some or all of your books and records as required under securities laws somewhere other than your head office location (principal place of business)? .....  Yes  No
- If "yes", complete Schedule "D", Section III - *Books and Records*.



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### OTHER BUSINESS ACTIVITIES

This section deals with your other business activities.

25. You are actively engaged in business as a (check all that apply):
- Securities Dealer
  - Investment Dealer
  - Mutual Fund Dealer
  - Futures Commission Merchant, Commodity Pool Operator, or Commodity Trading Adviser
  - Real Estate Broker or Agent
  - Insurance Broker or Agent
  - Bank
  - Other (specify): \_\_\_\_\_
26. Are you actively engaged in any other business not listed in Item #25? .....  Yes  No
- If "yes", is this other business your primary business? .....  Yes  No
- If "yes", describe this other business on Schedule "D", Section IX - *Other Business*.
27. Do you sell products or provide services other than investment advice to your advisory clients? .....  Yes  No

### FINANCIAL INDUSTRY AFFILIATIONS AND ACTIVITIES

This section refers to information about you and your related parties. A related party is considered:

- all of your officers, partners and directors;
- all persons with direct or indirect control;
- any other person providing investment advice on your behalf; and
- all of your current employees (excluding administrative and clerical staff).

28. Which of the following do you have as a related party (check all that apply):
- Investment Dealer
  - Investment Company (including Mutual Funds)
  - Other Investment Adviser
  - Futures Commission Merchant, Commodity Pool Operator, or Commodity Trading Adviser
  - Banking Institution
  - Accountant or Accounting Firm
  - Lawyer or Law Firm
  - Insurance Company or Agency
  - Real Estate Broker or Agent
  - Sponsor or Syndicator of Limited Partnerships
- If you have other investment advisers as related parties complete Schedule "D", Section VI - *Affiliated Advisers*, listing all such relationships.
29. Are you or any related party a general party in a limited partnership? .....  Yes  No
- If "yes", for each limited partnership, complete Schedule "D", Section VII - *Limited Partnerships*.

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### INTEREST IN CLIENT TRANSACTIONS

#### *Proprietary Interest in Client Transactions*

30. Do you or any related party:
- (a) buy securities for yourself from advisory clients, or sell securities you own to advisory clients (principal transactions)? .....  Yes  No
- (b) buy or sell for yourself securities (other than mutual funds) that you also recommend to advisory clients? .....  Yes  No
- (c) recommend securities or other investment products to advisory clients in which you or any related party has some other ownership interest? .....  Yes  No

#### *Sales Interest in Client Transactions*

31. Do you or any related party:
- (a) as a dealer or sales representative of a dealer, execute securities trades for brokerage customers in which advisory client securities are sold to or bought from the brokerage customer (agency cross transactions)? .....  Yes  No
- (b) recommend purchase of securities to advisory clients for which you or any related party serves as underwriter, general or managing partner? .....  Yes  No
- (c) recommend purchase or sale of securities to advisory clients for which you or any related party has any other sales interest (other than receipt of sales commissions)? .....  Yes  No

#### *Investment or Brokerage Discretion*

32. Do you or any related party have discretionary authority to determine the:
- (a) securities to be bought or sold for a client's account? .....  Yes  No
- (b) amount of securities to be bought or sold for a client's account? .....  Yes  No
- (c) dealer to be used for a purchase or sale of securities for a client's account? .....  Yes  No
- (d) commission rates to be paid to a dealer for a client's securities transactions? .....  Yes  No
33. Do you or any related party recommend dealers to clients? .....  Yes  No
34. Do you or any related party receive research or other products or services other than execution from a dealer or a third party connection with client securities transactions? .....  Yes  No
35. Do you or any related party, directly or indirectly, compensate any person for client referrals? .....  Yes  No

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**CUSTODY**

36. Do you have custody of any advisory clients':
- (a) cash or bank accounts? .....  Yes  No
- (b) securities? .....  Yes  No
37. Do any of your related parties have custody of any of your advisory clients':
- (a) cash or bank accounts? .....  Yes  No
- (b) securities? .....  Yes  No
38. If you answered "yes" to either Item 36(a) or 37(b), is that related party a dealer? .....  Yes  No

**SHAREHOLDER(S)**

39. Complete Schedules "A" and "B" indicating all direct, indirect and beneficial owners of the Firm.

**CONTROL PERSONS**

40. Does any person not named in Item 1 or on Schedules "A" and "B", directly or indirectly control your management or policies? .....  Yes  No

If "yes" complete Schedule "D", Section VIII - *Control Persons*.

**CRIMINAL DISCLOSURE**

41. Is there currently an outstanding charge (other than for a minor traffic violation), or indictment against the applicant or an affiliate or associate of the applicant? .....  Yes  No
- If "yes" complete Schedule "C"
42. Has the applicant or any affiliate of the applicant:
- (a) ever been convicted of, pleaded guilty or "no contest" to an offence under the law? .....  Yes  No
- If "yes", complete Schedule "C".
- (b) ever been charged with an offence under the law? .....  Yes  No
- If "yes", complete Schedule "C".

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43. Has the applicant or any affiliate or associate of the applicant:
- (a) ever been convicted of, pleaded guilty or “no contest” to a misdemeanour involving: securities, or an investment-related business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? .....  Yes  No
- If “yes”, complete Schedule “C”.
- (b) ever been charged with a misdemeanour specified in 16(a)? .....  Yes  No
- If “yes”, complete Schedule “C”.

**REGULATORY DISCLOSURE**

44. Has the applicant or any affiliate of the applicant ever:
- (a) been found to have been involved in a violation of its regulations or statutes under the *Securities Act* of any province/territory in Canada? .....  Yes  No
- If “yes”, complete Schedule “E”.
- (b) been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? .....  Yes  No
- If “yes”, complete Schedule “E”.
45. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:
- (a) registered or licensed in any capacity in any other province, state or country which requires registration or licensing to deal or trade in securities or exchange contracts? .....  Yes  No
- If “yes” complete Schedule “E”.
- (b) registered or licensed in any other capacity in any other province, state or country under any legislation which requires registration or licensing to deal with the public in any capacity? (e.g. as an insurance agent, car dealer, real estate agent, private investigator, mortgage broker, etc.). .....  Yes  No
- If “yes” complete Schedule “E”.
- (c) refused registration or a licence mentioned in Item #9 above or has any registration or licence been suspended, terminated or cancelled in any category mentioned in Item #9 above? .....  Yes  No
- If “yes” complete Schedule “E”.

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(d) denied the benefit of any exemption from registration provided by the *Securities Act* (or former *Commodity Contract Act*) of British Columbia, or similar exemption provided by securities acts or regulations of any other province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

(e) the subject of a cease trade or cease distribution order pursuant to the Securities Act of any province or denied any or a similar provision in the Securities Acts or regulations of any province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

46. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:

(a) a member of any Stock Exchange, the Investment Dealers Association, the Mutual Fund Dealers Association (MFDA), Investment Bankers or similar organization, in any province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

(b) refused membership in any Stock Exchange, the Investment Dealers Association, the Mutual Fund Dealers Association (MFDA) or similar organization, in any province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

(c) suspended as member of any Stock Exchange, the Investment Dealers Association, the Mutual Fund Dealers Association (MFDA) or similar organization, in any province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

**CIVIL JUDICIAL DISCLOSURE**

47. Has the applicant or any affiliate of the applicant ever been the defendant or respondent in any proceedings in any civil court in any jurisdiction in any part of the world wherein fraud, theft, deceit, misrepresentation or similar conduct was alleged? .....  Yes  No

If “yes”, complete Schedule “F”.

**FINANCIAL DISCLOSURE**

48. Has the applicant or any affiliate of the applicant:

(a) at any time declared bankruptcy, or made a voluntary assignment in bankruptcy? .....  Yes  No

If “yes” complete Schedule “G”.

(b) at any time had a receiver or receiver manager appointed to hold its assets? .....  Yes  No

If “yes” complete Schedule “G”.

**REGISTRATION FORM - ADVISER**

49. Has a bonding company ever denied, paid out on, or revoked a fidelity / surety bond? . . . . .  Yes  No  
If "yes" complete Schedule "G".

50. Does the applicant have any unsatisfied judgements or liens against it? . . . . .  Yes  No  
If "yes" complete Schedule "G".

DATED at . . . . .

Name of Applicant . . . . .

this . . . . . day of . . . . . 20 . . . . .

By . . . . .  
Signature of applicant, partner or officer

Print Name and Title . . . . .

**AFFIDAVIT**

In the matter of the *Securities Act*

I, . . . . .  
Name in Full

of the . . . . .

in the County of . . . . .

in the Province/Territory of . . . . .

**MAKE OATH AND SAY**

- 1. I am the applicant (or partner or officer of the applicant) herein for registration and I signed the application.
- 2. The statements of fact made in the application are true.

SWORN before me at the . . . . . }

in the . . . . . of . . . . . }

this day of . . . . . 20 . . . . . }

Signature of Deponent

. . . . . }

(A Commissioner, etc.)

**SCHEDULE "A"**  
**Direct Owners and Officers**

Use Schedule "A" in response to Item #39 to provide information on the direct owners and officers of the applicant.

**Applicant**

**Name of Applicant:**

**Applicant NRD No.:**

**Date:**

1. List below the names of:
  - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, President, Chairman and individuals with similar status of functions;
  - (b) in the case of an applicant that is a corporation, each shareholder that directly owns 5% or more of a class of a voting security of the applicant, unless the applicant is a reporting issuer;
  - (c) in the case of an applicant that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of the partnership's capital;
  - (d) in the case of a trust that directly owns 5% or more of a class of voting shares of the applicant, or that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital, the trust and each trustee.

2. Are there any indirect owners of the applicant? .....  Yes  No  
 If "yes", please complete Schedule "B".

**Instructions for completing the table:**

3. In the "DE/FE/I" column, enter "DE" if the owner is a domestic entity; or "FE" if owner is an entity incorporated or domiciled in a foreign country; or enter "I" if the owner is an individual.

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of shares owned.

5. Ownership codes are:
 

N/A	less than 5%
A	5% but less than 10%
B	10% but less than 25%
C	25% but less than 50%
D	50% but less than 75%
E	75% or more

6. In the "Control Person" column, enter "yes" if person has "control" and "no" if the person does not have control.

7. In the "RI" column enter "RI" if the owner is a reporting issuer

**SCHEDULE "A"**  
**Direct Owners and Officers**

Full Legal Name (Individuals: last name, first name, middle name)	DE/FE/I	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person	RI	NRD No.
			MM	YYYY				





**SCHEDULE "C"**  
**Criminal Disclosure Reporting**

This Criminal Disclosure Reporting (CDR) is in response to affirmative responses to *(check item(s) being responded to)*:

Item(s):    41        42(a)        42(b)        43(a)        43(b)

**SECTION I**

The person(s) or entity(ies) for whom this CDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this CDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant	Applicant NRD No.
-------------------	-------------------

**Affiliate**                      This affiliate is:                       Firm                       Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
	Registered: <input type="checkbox"/> yes <input type="checkbox"/> no

- This CDR should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the Advsier.

If the affiliate is registered through the NRD, has the affiliate submitted a CDR for the event? If the answer is "yes", no other information on this CDR must be provided regarding the affiliate. . . . .  yes     no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. If charge(s) were brought against an organization over the which the applicant or affiliate exercise(d) control: enter the name of the organization; whether or not the organization was a investment-related business; and the applicant's or affiliate's position, title or relationship.

**Event Disclosure Detail** (use this for both organizational and individual charges)

2. (a) Date first charged _____ <span style="margin-left: 100px;"><small>MM/DD/YYYY</small></span>	<input type="checkbox"/> Exact Date If not, provide explanation: _____
---	---

- (b) Event Disclosure Detail (include: Charge(s); Description of Charge(s) and for each charge provide:
- number of counts
  - felony or misdemeanour
  - please for each charge
  - product type if charge is securities/investment related

**SCHEDULE "C"**  
**Criminal Disclosure Reporting**

(c) Did any of the Charge(s) within the Event involve a Felony? .....  yes  no

(d) Current status of the Event?  Pending  On Appeal  Final

(e) Event Status Date (*complete unless status is Pending*) \_\_\_\_\_  
MM/DD/YYYY

Exact Date  
If not, provide explanation: \_\_\_\_\_

**Disposition Disclosure Detail**

3. Include for each charge:
- disposition type (e.g. convicted, acquitted, dismissed, pre-trial, etc.);
  - date;
  - sentence/penalty;
  - duration (if sentence suspension, probation, etc.);
  - start date of penalty;
  - penalty/fine amount; and
  - date paid

4. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred.

**SCHEDULE "D"**

Use this Schedule "D" to report details for items listed below. Report only new information or changes/updates to previously submitted details. Do not repeat previously submitted information.

Item(s)      1(b)   1(c)   24   26   28   29   40

This is an    INITIAL or    AMENDED   filing for the Form - Adviser Firm

**Applicant**

Name of Applicant:

Applicant NRD No.:

Date:

**SECTION I      Other Business Names Previously Used**

List each of the other business names previously used and the jurisdiction(s) in which they were used.

- |          |               |
|----------|---------------|
| 1. Name: | Jurisdiction: |
| 2. Name: | Jurisdiction: |
| 3. Name: | Jurisdiction: |
| 4. Name: | Jurisdiction: |

**SECTION II      Other Business Names Currently in Use - e.g. Trade Names**

List each of the other business names currently in use and the jurisdiction(s) in which they are used.

- |          |               |
|----------|---------------|
| 1. Name: | Jurisdiction: |
| 2. Name: | Jurisdiction: |
| 3. Name: | Jurisdiction: |
| 4. Name: | Jurisdiction: |

**SECTION III      Books and Records**

Complete the "Effective Date" box with the month, day and year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement or agreement, enter the "Termination Date" of the change.

Firm or Organization Name where books and records are kept:

NRD No. (if applicable):

Business Address (*do not use a P.O. Box*)  
(number, street, city, province/territory, postal code)

Effective Date:

Termination Date:

Mailing Address (if different from above) (*do not use a P.O. Box*)  
(number, street, city, province/territory, postal code)

\_\_\_\_\_  
month/day/year

\_\_\_\_\_  
month/day/year

Area Code + Telephone

e-mail Address

Fax Number

**SCHEDULE "D"**

Is the location for books and records noted above (please check one):

- one of your branch offices
- an affiliated company
- a third party unaffiliated record keeper
- other (specify): \_\_\_\_\_

Briefly describe the nature of the arrangement and which books and records are kept at this location.

**SECTION IV      Wrap Fee Programmes**

If you are a portfolio manager for one or more wrap fee programmes, list the name of each programme and its sponsor.

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

**SECTION VI      Affiliated Advisers**

Complete the following information for each adviser with whom you are affiliated.

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

**SECTION VII      Limited Partnership Participation**

Name of Limited Partnership: \_\_\_\_\_

Are your clients solicited to invest in the limited partnership? .....  Yes  No

Approximately what percentage of your clients have invested in this limited partnership? \_\_\_\_\_%

What is the cost per unit of limited partnership interests sold in your last fiscal year?      \$\_\_\_\_\_

What is the total value of the limited partnership?      \$\_\_\_\_\_

**SCHEDULE "D"**

**SECTION VIII Controls Persons**

List each control person note named in Item 1 or on Schedules "A" or "B" that directly or indirectly control your management or policies.

Name of Firm or Organization

NRD # (if applicable):

Business Address (*do not use a P.O. Box*)  
(number, street, city, province/territory, postal code)

Name of Individual (if applicable) (*last, first and middle name*)

NRD # (if applicable):

Describe the nature of the control:

**SECTION IX Other Business**

Description of Primary Business

Describe your primary business (not investment dealer business):

**SCHEDULE "E"**  
**Regulatory Disclosure Reporting**

This Regulatory Disclosure Reporting (RDR) is in response to affirmative responses to (*check item(s) being responded to*):

Item(s):  44(a)  44(b)  45(a)  45(b)  45(c)  45(d)  45(e)  46(a)  46(b)  46(c)

**SECTION I**

The person(s) or entity(ies) for whom this RDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this RDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant

Applicant NRD No.

**Affiliate**

This affiliate is:

Firm

Individual

Name of Affiliate

(For individuals: last name, first name, middle name)

NRD No.

Registered:  yes  no

- This RDR should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the Adviser.

If the affiliate is registered through the NRD, has the affiliate submitted a RDR for the event? If the answer is "yes", no other information on this RDR must be provided regarding the affiliate. . . . .  yes  no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. Regulatory action initiated by:

- Provincial/Territorial Regulator
- SRO
- Foreign jurisdiction

Full name of regulator, SRO, or foreign regulatory authority:

\_\_\_\_\_

2. Principal Sanction (check appropriate item):

- |   |   |
|---|---|
| <input type="checkbox"/> Reprimand        | <input type="checkbox"/> Penalty(ies)/Fine(s) |
| <input type="checkbox"/> Undertaking      | <input type="checkbox"/> Denial               |
| <input type="checkbox"/> Suspension       | <input type="checkbox"/> Terms and Conditions |
| <input type="checkbox"/> Cease and Desist | <input type="checkbox"/> Other _____          |

**SCHEDULE "E"**  
**Regulatory Disclosure Reporting**

3. Note which province, state or country the applicant or affiliate was previously registered or licensed to deal or trade in securities or exchange contracts; and in any other capacity under any legislation which requires registration or licensing to deal with the public in any capacity? (e.g. as an insurance agent, car dealer, real estate agent, private investigator, mortgage broker, etc.)

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut
  
- Investment Dealers Association of Canada
- Mutual Fund Dealers Association
- Canadian Venture Exchange (CNDX)
- Montreal Exchange
- Toronto Stock Exchange
- Toronto Futures Exchange
- Winnipeg Commodity Exchange
  
- NASD
- SEC
- US State Regulators
- Other Regulators - specify: \_\_\_\_\_  
(e.g. OSFI, Financial Services Commission of Ontario, etc.)
  
- Other(specify)\_\_\_\_\_

4. Dated Initiated \_\_\_\_\_  Exact Date  
(MM/DD/YYYY)  Not Exact Date  
Provide explanation \_\_\_\_\_

5. Describe the allegations related to this regulatory action.





**SCHEDULE "F"**  
**Civil Judicial Disclosure Reporting**

This Civil Judicial Disclosure Reporting (CJDR) is in response to affirmative response to Item #47.

**SECTION I**

The person(s) or entity(ies) for whom this CJDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this CJDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant	Applicant NRD No.
-------------------	-------------------

**Affiliate**                      This affiliate is:                       Firm                       Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
Registered: <input type="checkbox"/> yes <input type="checkbox"/> no	

- This CJDR should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the Advsier.

If the affiliate is registered through the NRD, has the affiliate submitted a CJDR for the event? If the answer is "yes", no other information on this CJDR must be provided regarding the affiliate. . . . .  yes     no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. Describe the allegations related to this civil action.

2. Current status?     Pending     On Appeal     Final

3. If **pending**, date notice/process was served:  
       \_\_\_\_\_                       Exact Date  
       (MM/DD/YYYY)               Not Exact Date  
    Provide explanation \_\_\_\_\_

4. If on **appeal**, action appealed to (provide name of court): \_\_\_\_\_  
 Date Appeal filed: \_\_\_\_\_  
    (MM/DD/YYYY)

5. If **final**, how was the matter resolved (provide all details).

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

This Disclosure Reporting page is in response to affirmative response to *(check item(s) being responded to)*:

Item(s):       48(a)       48(b)       49       50

**SECTION I**

The person(s) or entity(ies) for whom this Disclosure Reporting page is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this Disclosure Reporting page is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant

Applicant NRD No.

**Affiliate**

This affiliate is:

Firm

Individual

Name of Affiliate

(For individuals: last name, first name, middle name)

NRD No.

Registered:    yes       no

- This Disclosure Reporting page should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the adviser.

If the affiliate is registered through the NRD, has the affiliate submitted a Disclosure Reporting page for the event? If the answer is "yes", no other information on this Disclosure Reporting page must be provided regarding the affiliate.       yes       no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II      Bankruptcy Disclosure**

1. Action type: *(check appropriate item)*

- Bankruptcy
- Compromise
- Declaration
- Liquidated
- Receivership
- Voluntary Assignment
- Other \_\_\_\_\_

2. Action date:

\_\_\_\_\_

(MM/DD/YYYY)

Exact Date

Not Exact Date

Provide explanation \_\_\_\_\_

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

3. If the financial action relates to an organization over which the applicant or affiliate exercise(d) control, enter the name of the organization and the applicant's or affiliate's position, title or relationship.

Was the organization investment related?  yes  no

4. Court action brought in (*name of court*), location of Court (*city or county and province/territory or country*) and docket/case number:

5. Is action currently pending?  yes  no

6. If not pending, provide Disposition type (check appropriate item):

- Direct payment procedure
- Discharged
- Dismissed
- Dissolved
- Satisfied/Released
- Trustee appointed
- Other \_\_\_\_\_

7. Disposition date:

\_\_\_\_\_  Exact Date  
(MM/DD/YYYY)  Not Exact Date  
Provide explanation \_\_\_\_\_

8. Provide a brief summary of events leading to the action and if not discharged, explain.

9. If a Trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the Trustee:

Currently open?  yes  no

Date direct payment initiated/filed or Trustee appointed:

\_\_\_\_\_  Exact Date  
(MM/DD/YYYY)  Not Exact Date  
Provide explanation \_\_\_\_\_

10. Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if applicable).

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

**SECTION III Bond Disclosure**

1. Name of Applicant	Applicant NRD Number:
2. Firm Name (Policy Holder):	
3. Bonding Company Name:	
4. Disposition Types (check appropriate item): <input type="checkbox"/> Denied <input type="checkbox"/> Payout <input type="checkbox"/> Revoked	
5. Disposition date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. If disposition resulted in payout, list payout amount and date paid:	
7. Summarize the details of circumstances leading to the necessity of the bonding company action.	

**SECTION IV Judgement/Lien Disclosure**

1. Name of Applicant	Applicant NRD Number:
2. Judgement/Lien Amount:	
3. Judgement/Lien Holder:	
4. Judgement/Lien Type (check appropriate item) <input type="checkbox"/> Civil <input type="checkbox"/> Default <input type="checkbox"/> Tax	
5. Date filed: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. Is Judgement/Lien outstanding? <input type="checkbox"/> yes <input type="checkbox"/> no  If no, provide status date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____  If no, how was the matter resolved (check appropriate item) <input type="checkbox"/> Discharged <input type="checkbox"/> Released <input type="checkbox"/> Removed <input type="checkbox"/> Satisfied	
7. Name of court, location of Court ( <i>city or county and province/territory or country</i> ) and docket/case number:	

**SCHEDULE "G"**

**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

8. Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable).

## REGISTRATION FORM - DEALER FIRMS

Include instructions for completion.

Definition of Terms

Is this an:      Initial Application      Amendment

### GENERAL INFORMATION

NRD No.:

1. Full Name of the Dealer:  
*(if sole proprietor state last, first and middle name)*

(a) Name under which you primarily conduct your dealer business (if different from above):

(b) Has the applicant, or to the best of the applicant's information and belief, has any affiliate of the applicant, operated under, or carried on business under, any name other than the name shown in this application? .....  Yes    No

If "yes" list on Schedule "D", Section I - *Other Business names Previously Used*, any other names under which the firm has previously conducted business (firm history required for last 10 years).

(c) List on Schedule "D", Section II - *Other Business Names Currently in Use*, any other names under which the firm currently conducts business (e.g. trade names).

### *Head Office*

2. Head Office Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(a) Mailing Address (if different than above) *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(b) Days of the week business is normally conducted at head office:  
 Monday to Friday  
 Other (specify): \_\_\_\_\_

(c) Hours business is conducted at this location  
(from \_\_\_\_\_ to \_\_\_\_\_ )

(d) Area Code + Telephone Number

(e) Fax Number

(f) Do you have a Website address? .....  Yes    No  
If "yes", list all addresses below:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## REGISTRATION FORM - DEALER FIRMS

### **Authorized Firm Representative**

*(i.e. an employee whom you have authorized to receive information and respond to questions about this Form)*

3. Name of Authorized Firm Representative *(last, first and middle name)*:

Title of Authorized Firm Representative:

*Complete the following information for the Authorized Firm Representative:*

(a) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(b) Area Code + Telephone

(c) e-mail Address

(d) Fax Number

**Branches** *For each Branch Office location please complete the following information:*

Check only one box:             Add             Delete             Amendment

4. NRD Branch No.

(a) Name of Branch Manager

(b) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(c) Mailing Address (if different from above) *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(d) Area Code + Telephone Number

(e) Fax Number

(f) Website Address

**Sub-branches** *For each Sub-Branch Office location please complete the following information:*

Check only one box:             Add             Delete             Amendment

5. NRD Sub-Branch No.

(a) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(b) Mailing Address (if different from above) *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(c) Area Code + Telephone Number

(d) Fax Number

(e) Website Address

(f) State which location supervises this Sub-Branch:  
Business Address *(do not use a P.O. Box)* (number, street, city, province/territory, postal code)



## REGISTRATION FORM - DEALER FIRMS

### SRO AND SECURITIES COMMISSION

6. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO), Exchange and/or Securities Commission in which the applicant is a member/registered or applying for membership/registration:

#### Currently Registered

#### Registering

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut
  
- Investment Dealers Association of Canada
- Mutual Fund Dealers Association
- Canadian Venture Exchange (CNDX)
- Montreal Exchange
- Toronto Stock Exchange
- Toronto Futures Exchange
- Winnipeg Commodity Exchange

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut
  
- Investment Dealers Association of Canada
- Mutual Fund Dealers Association
- Canadian Venture Exchange (CNDX)
- Montreal Exchange
- Toronto Stock Exchange
- Toronto Futures Exchange
- Winnipeg Commodity Exchange

7. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO,) Securities Commission and/or Other Regulator in which the applicant is a member/registered:

- NASD
- SEC
- US State Regulators
- Other Regulators - specify: \_\_\_\_\_  
(e.g. OSFI, Financial Services Commission of Ontario, etc.)
  
- Other (specify - other than noted in Item #6): \_\_\_\_\_

**REGISTRATION FORM - DEALER FIRMS**

**REGISTRATION CATEGORY**

8. Indicate by checking the appropriate box(es) each category of registration in which the applicant is registered or registering:

	<b>Currently Registered</b>	<b>Registering</b>
	<input type="checkbox"/> Securities Dealer <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Mutual Fund Dealer <input type="checkbox"/> Limited Market Dealer <input type="checkbox"/> Scholarship Plan Dealer <input type="checkbox"/> Underwriter <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Exchange Contract Dealer <input type="checkbox"/> Commodities Dealer <input type="checkbox"/> Real Estate Securities Dealer <input type="checkbox"/> International Dealer	<input type="checkbox"/> Securities Dealer <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Mutual Fund Dealer <input type="checkbox"/> Limited Market Dealer <input type="checkbox"/> Scholarship Plan Dealer <input type="checkbox"/> Underwriter <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Exchange Contract Dealer <input type="checkbox"/> Commodities Dealer <input type="checkbox"/> Real Estate Securities Dealer <input type="checkbox"/> International Dealer

**AUDITORS**

9. Indicate the name of the audit firm, contact person, address, telephone and fax numbers and e-mail address of the firm's auditor:

Contact Person (Name and Title) .....

Firm .....

Address .....

Area Code + Telephone Number .....

e-mail Address .....

Fax Number .....

10. Is a letter from the auditors acknowledging that this audit firm is the auditor for the applicant on file at the firm? .....  Yes  No

If not, why .....

**BUSINESS STRUCTURE**

11. State the fiscal year end date for the dealer firm month\_\_\_\_\_ day \_\_\_\_\_

12. Indicate legal status of the applicant:

Corporation

Partnership

Limited Partnership

Sole Proprietorship

Other (specify) .....

**REGISTRATION FORM - DEALER FIRMS**

13. If other than a sole proprietor, indicate date and place applicant obtained its legal status (i.e. list all provinces/states or countries where incorporated, where partnership agreements were filed, or where applicant entity was formed):

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
 (MM/DD/YYYY)

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
 (MM/DD/YYYY)

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
 (MM/DD/YYYY)

14. Supporting documents submitted to Principal Regulator include:

Articles of Incorporation/Sole Proprietor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Participation in Contingency Trust Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Financial Institution Bond	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Statement of Policies or Forms 69/70	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Policies and Procedures Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Audited Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Proof of Adequate Capital	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Subordination Agreement in Proper Format	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

15. Does the applicant hold or maintain any funds or securities or provide carrying services for any other dealer? .....  Yes  No

16. Does the applicant refer or introduce customers to any other dealer? .....  Yes  No

If “yes”, complete Schedule “D”, Section III - *Introducing/Carrying Arrangements*.

17. Does applicant have any arrangement with any other person, firm or organization under which:

(a) Any books or records of the applicant are kept or maintained by such other person, firm or organization? .....  Yes  No

(b) Accounts, funds or securities of the applicant are held or maintained by such other person, firm or organization? .....  Yes  No

(c) Accounts, funds or securities of customers of the applicant are held or maintained by such other person, firm or organization? .....  Yes  No

*For purposes of (b) and (c) above, do not include a bank or other acceptable location.*

If “yes” to any part of this item, complete a separate Schedule “D”, Section III - *Introducing/Carrying Arrangements*.

**REGISTRATION FORM - DEALER FIRMS**

**CONTROL ISSUES**

18. (a) Directly or indirectly, does the applicant control, is the applicant controlled by, or is the applicant under common control with, any partnership, corporation or other organization that is engaged in the securities or investment advisory business? .....  Yes  No
- If “yes” to Item 18(a), complete Schedule “D”, Section IV - *Control Issues - Part 1*.
- (b) Directly or indirectly, is the applicant controlled by any bank, bank holding company, trust company, credit union or foreign bank? .....  Yes  No
- If “yes” to Item 18(b), complete Schedule “D”, Section IV - *Control Issues - Part 2*.

**SHAREHOLDER(S)**

19. Complete Schedules “A” and “B” indicating all direct, indirect and beneficial owners of the dealer firm.

**CRIMINAL DISCLOSURE**

20. Is there currently an outstanding charge (other than for a minor traffic violation), or indictment against the applicant or an affiliate or associate of the applicant? .....  Yes  No
- If “yes” complete Schedule “C”.
21. Has the applicant or any affiliate of the applicant:
- (a) ever been convicted of, pleaded guilty or “no contest” to an offence under the laws of any province, state or country? .....  Yes  No
- If “yes”, complete Schedule “C”.
- (b) ever been charged with an offence under the laws of any province, state or country? .....  Yes  No
- If “yes”, complete Schedule “C”.
22. Has the applicant or any affiliate or associate of the applicant:
- (a) ever been convicted of, pleaded guilty or “no contest” to a misdemeanour involving: securities, or an investment-related business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? .....  Yes  No
- If “yes”, complete Schedule “C”.
- (b) ever been charged with a misdemeanour specified in 22(a)? .....  Yes  No
- If “yes”, complete Schedule “C”.

## REGISTRATION FORM - DEALER FIRMS

### REGULATORY DISCLOSURE

23. Has the applicant or any affiliate of the applicant ever:
- (a) been found to have been involved in a violation of its regulations or statutes under the *Securities Act* of any province/territory in Canada? .....  Yes  No
- If “yes”, complete Schedule “E”.
- (b) been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? .....  Yes  No
- If “yes”, complete Schedule “E”.
24. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:
- (a) registered or licensed in any capacity in any other province, state or country which requires registration or licensing to deal or trade in securities or exchange contracts? .....  Yes  No
- If “yes” complete Schedule “E”.
- (b) registered or licensed in any other capacity in any other province, state or country under any legislation which requires registration or licensing to deal with the public in any capacity? (e.g. as an insurance agent, real estate agent, private investigator, mortgage broker, etc.) .....  Yes  No
- If “yes” complete Schedule “E”.
- (c) refused registration or a licence mentioned in Item #18 (a) and/or (b) above or has any registration or licence been suspended, terminated or cancelled in any category mentioned in Item #5 above? .....  Yes  No
- If “yes” complete Schedule “E”.
- (d) denied the benefit of any exemption from registration provided by the *Securities Act* (or former *Commodity Contract Act*), or similar exemption provided by securities acts or regulations of any other province, state or country? .....  Yes  No
- If “yes” complete Schedule “E”.

**REGISTRATION FORM - DEALER FIRMS**

(e) the subject of a cease trade or cease distribution order pursuant to the Securities Act of any province or denied any or a similar provision in the Securities Acts or regulations of any province, state [or] country? .....  Yes  No

If “yes” complete Schedule “E”.

25. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:

(a) a member of any Stock Exchange, the Investment Dealers Association (IDA), the Mutual Fund Dealers Association (MFDA), Investment Bankers, or similar organization, in any province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

(b) refused membership in any Stock Exchange, the Investment Dealers Association (IDA), the Mutual Fund Dealers Association (MFDA), Investment Bankers, or similar organization, in any province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

(c) suspended as member of any Stock Exchange, the Investment Dealers Association (IDA), the Mutual Fund Dealers Association (MFDA), Investment Bankers, or similar organization, in any province, state or country? .....  Yes  No

If “yes” complete Schedule “E”.

**CIVIL JUDICIAL DISCLOSURE**

26. Has the applicant or any affiliate of the applicant ever been the defendant or respondent in any proceedings in any civil court in any jurisdiction in any part of the world wherein fraud, theft, deceit, misrepresentation or similar conduct was alleged? .....  Yes  No

If “yes”, complete Schedule “F”.

**FINANCIAL DISCLOSURE**

27. Has the applicant or any affiliate of the applicant:

(a) at any time declared bankruptcy, or made a voluntary assignment in bankruptcy? .....  Yes  No

If “yes” complete Schedule “G”.

**REGISTRATION FORM - DEALER FIRMS**

(b) at any time had a receiver or receiver manager appointed to hold its assets? .....  Yes  No  
 If “yes” complete Schedule “G”.

28. Has a bonding company ever denied, paid out on, or revoked a fidelity / surety bond? .....  Yes  No  
 If “yes” complete Schedule “G”.

29. Does the applicant have any unsatisfied judgements or liens against it? .....  Yes  No  
 If “yes” complete Schedule “G”

**TYPES OF BUSINESS**

30. Check types of business engaged in (or to be engaged in, if not yet active) by applicant.

- Exchange member engaged in exchange commission business
- Dealer making inter-dealer markets in corporate securities over-the-counter
- Dealer retailing corporate equity securities over-the-counter
- Dealer selling corporate debt securities
- Dealer selling mutual funds
- Dealer selling variable life insurance or annuities
- Trading in Options
- Dealer selling securities of only one issuer or associate issuers (other than mutual funds)
- Investment advisory services
- Dealer selling tax shelters or limited partnerships in primary distributions
- Dealer selling tax shelters or limited partnerships in the secondary market
- Trading securities for own account
- Private placements of securities
- Dealer involved in a networking or similar arrangement with a:
  - bank, trust company, or credit union
  - insurance company or agency
- Other (give details on Schedule “D”, Section V - *Other Business*).

**REGISTRATION FORM - DEALER FIRMS**

DATED at .....

Name of Applicant .....

this ..... day of ..... 20.....

By .....

Signature of applicant, partner or officer

Print Name and Title .....

**AFFIDAVIT**

In the matter of the *Securities Act*

I, .....

Name in Full

of the .....

in the County of .....

in the Province/Territory of .....

**MAKE OATH AND SAY**

1. I am the applicant (or partner or officer of the applicant) herein for registration and I signed the application.
2. The statements of fact made in the application are true.

SWORN before me at the ..... }

in the..... of..... }

this day of ..... 20..... }

Signature of Deponent

..... }

(A Commissioner, etc.)



**SCHEDULE "A"**  
**Direct Owners and Officers**

Use Schedule "A" in response to Item #19 to provide information on the direct owners and officers of the applicant.

**Applicant**

Name of Applicant:

Applicant NRD No.:

Date:

1. List below the names of:
  - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, President, Chairman and individuals with similar status of functions;
  - (b) in the case of an applicant that is a corporation, each shareholder that directly owns 5% or more of a class of a voting security of the applicant, unless the applicant is a reporting issuer;
  - (c) in the case of an applicant that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of the partnership's capital;
  - (d) in the case of a trust that directly owns 5% or more of a class of voting shares of the applicant, or that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital, the trust and each trustee.

2. Are there any indirect owners of the applicant?  Yes  No

If "yes", please complete Schedule "B".

**Instructions for completing the table:**

3. In the "DE/FE/I" column, enter "DE" if the owner is a domestic entity; or "FE" if owner is an entity incorporated or domiciled in a foreign country; or enter "I" if the owner is an individual.

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of shares owned.

5. Ownership codes are:
 

N/A	less than 5%
A	5% but less than 10%
B	10% but less than 25%
C	25% but less than 50%
D	50% but less than 75%
E	75% or more

**SCHEDULE "A"**  
**Direct Owners and Officers**

6. In the "Control Person" column, enter "yes" if person has "control" and "no" if the person does not have control.

7. In the "RI" column enter "RI" if the owner is a reporting issuer

Full Legal Name (Individuals: last name, first name, middle name)	DE/FE/I	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person	RI	NRD No.
			MM	YYYY				



**SCHEDULE "C"**  
**Criminal Disclosure Reporting**

This Criminal Disclosure Reporting (CDR) is in response to affirmative responses to *(check item(s) being responded to)*:

Item(s):      20              21(a)              21(b)              22(a)              22(b)

**SECTION I**

The person(s) or entity(ies) for whom this CDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this CDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant	Applicant NRD No.
-------------------	-------------------

**Affiliate**              This affiliate is:               Firm               Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
	Registered: <input type="checkbox"/> yes <input type="checkbox"/> no

This CDR should be removed from the Dealer Firm registration form because the affiliate(s) is no longer associated with the broker dealer.

If the affiliate is registered through the NRD, has the affiliate submitted a CDR for the event? If the answer is "yes", no other information on this CDR must be provided regarding the affiliate. . . . .  yes    no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. If charge(s) were brought against an organization over the which the applicant or affiliate exercise(d) control: enter the name of the organization; whether or not the organization was a securities-related business; and the applicant's or affiliate's position, title or relationship.

**Event Disclosure Detail** (use this for both organizational and individual charges)

2. (a) Date first charged _____ <span style="margin-left: 100px;"><small>MM/DD/YYYY</small></span>	<input type="checkbox"/> Exact Date If not, provide explanation: _____
---	---

- (b) Event Disclosure Detail (include: Charge(s); Description of Charge(s) and for each charge provide:
- number of counts
  - felony or misdemeanour
  - please for each charge
  - product type if charge is securities/investment related

**SCHEDULE "C"**  
**Criminal Disclosure Reporting**

(c) Did any of the Charge(s) within the Event involve a Felony? .....  yes  no

(d) Current status of the Event?  Pending  On Appeal  Final

(e) Event Status Date (*complete unless status is Pending*) \_\_\_\_\_  
MM/DD/YYYY

Exact Date  
If not, provide explanation: \_\_\_\_\_

**Disposition Disclosure Detail**

3. Include for each charge:
- disposition type (e.g. convicted, acquitted, dismissed, pre-trial, etc.);
  - date;
  - sentence/penalty;
  - duration (if sentence suspension, probation, etc.);
  - start date of penalty;
  - penalty/fine amount; and
  - date paid

4. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred.

**SCHEDULE "D"**

Use this Schedule "D" to report details for items listed below. Report only new information or changes/updates to previously submitted details. Do not repeat previously submitted information.

Item(s)      1(b)   1(c)   16   17(a)   17(b)   17(c)   18(a)   18(b)

This is an    INITIAL or    AMENDED   filing for the Form - Dealer Firm

**Applicant**

Name of Applicant:

Applicant NRD No.:

Date:

**SECTION I      Other Business Names Previously Used**

List each of the other business names previously used and the jurisdiction(s) in which they were used.

- |          |               |
|----------|---------------|
| 1. Name: | Jurisdiction: |
| 2. Name: | Jurisdiction: |
| 3. Name: | Jurisdiction: |
| 4. Name: | Jurisdiction: |

**SECTION II      Other Business Names Currently in Use - e.g. Trade Names**

List each of the other business names currently in use and the jurisdiction(s) in which they are used.

- |          |               |
|----------|---------------|
| 1. Name: | Jurisdiction: |
| 2. Name: | Jurisdiction: |
| 3. Name: | Jurisdiction: |
| 4. Name: | Jurisdiction: |

**SECTION III      Introducing/Carrying Arrangements**

Complete the "Effective Date" box with the month, day and year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement or agreement, enter the "Termination Date" of the change. Complete a separate form for each introducing/carrying arrangement.

Name of Firm or Organization:

NRD No. (if any)

Business Address (*do not use a P.O. Box*)  
(number, street, city, province/territory, postal code)

Effective Date:

Termination Date:

\_\_\_\_\_   
 month/day/year

\_\_\_\_\_   
 month/day/year

Mailing Address (if different from above) (*do not use a P.O. Box*)  
(number, street, city, province/territory, postal code)

**SCHEDULE "D"**

Name of Individual (if applicable) ( <i>Last, First, Middle</i> ):	NRD No. (if any)	
Business Address ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	Effective Date:  _____	Termination Date:  _____
Mailing Address (if different from above) ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Briefly describe the nature of the arrangement:

**SECTION IV Control Issues - Part 1**

Complete the following information for Item 18(a).

<b>1</b>	Name of Partnership, Corporation or Organization:	NRD No. (if any)
----------	---	------------------

This Partnership, Corporation or Organization:

- controls applicant
- is controlled by applicant
- is under common control with applicant.

Business Address ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	Effective Date:  _____	Termination Date:  _____
Mailing Address (if different from above) ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Is Partnership, Corporation or Organization a foreign entity? .....  Yes  No

If "yes", provide country of domicile or incorporation: .....

Check "yes" or "no" for the activities of this Partnership, Corporation or Organization:

Securities Activities .....  Yes  No

Investment Advisory Activities .....  Yes  No

Describe the control relationship:

**SCHEDULE "D"**

<b>2</b>	Name of Partnership, Corporation or Organization:	NRD No. (if any)
----------	---	------------------

This Partnership, Corporation or Organization:

controls applicant

is controlled by applicant

is under common control with applicant.

Business Address ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	Effective Date:  _____	Termination Date:  _____
Mailing Address (if different from above) ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Is Partnership, Corporation or Organization a foreign entity? .....  Yes  No

If "yes", provide country of domicile or incorporation: .....

Check "yes" or "no" for the activities of this Partnership, Corporation or Organization:

Securities Activities .....  Yes  No

Investment Advisory Activities .....  Yes  No

Describe the control relationship:

<b>3</b>	Name of Partnership, Corporation or Organization:	NRD No. (if any)
----------	---	------------------

This Partnership, Corporation or Organization:

controls applicant

is controlled by applicant

is under common control with applicant.

Business Address ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	Effective Date:  _____	Termination Date:  _____
Mailing Address (if different from above) ( <i>do not use a P.O. Box</i> ) (number, street, city, province/territory, postal code)	month/day/year	month/day/year

Is Partnership, Corporation or Organization a foreign entity? .....  Yes  No

If "yes", provide country of domicile or incorporation: .....

Check "yes" or "no" for the activities of this Partnership, Corporation or Organization:

Securities Activities .....  Yes  No

Investment Advisory Activities .....  Yes  No

Describe the control relationship:



**SCHEDULE "D"**

**SECTION IV Control Issues - Part 2**

Complete the following information for Item 18(b).

<b>1</b>	Name of Financial Institution:	NRD No. (if any)	
Type of Institution <i>(i.e. bank, bank holding company, trust company, credit union)</i>		Effective Date: _____ month/day/year	Termination Date: _____ month/day/year
Business Address <i>(do not use a P.O. Box)</i> (number, street, city, province/territory, postal code)			
Mailing Address (if different from above) <i>(do not use a P.O. Box)</i> (number, street, city, province/territory, postal code)			
Briefly describe the control relationship:			

<b>2</b>	Name of Financial Institution:	NRD No. (if any)	
Type of Institution <i>(i.e. bank, bank holding company, trust company, credit union)</i>		Effective Date: _____ month/day/year	Termination Date: _____ month/day/year
Business Address <i>(do not use a P.O. Box)</i> (number, street, city, province/territory, postal code)			
Mailing Address (if different from above) <i>(do not use a P.O. Box)</i> (number, street, city, province/territory, postal code)			
Briefly describe the control relationship:			

**SCHEDULE "D"**

<b>3</b>	Name of Financial Institution:	NRD No. (if any)	
Type of Institution <i>(i.e. bank, bank holding company, trust company, credit union)</i>		Effective Date: _____	Termination Date: _____
		month/day/year	month/day/year
Business Address <i>(do not use a P.O. Box)</i> (number, street, city, province/territory, postal code)			
Mailing Address (if different from above) <i>(do not use a P.O. Box)</i> (number, street, city, province/territory, postal code)			
Briefly describe the control relationship:			

**SECTION V      Other Business**

Description of Primary Business

Describe your primary business (not investment dealer business):

**SCHEDULE "E"**  
**Regulatory Disclosure Reporting**

This Regulatory Disclosure Reporting (RDR) is in response to affirmative responses to (*check item(s) being responded to*):

Item(s):  23(a)  23(b)  24(a)  24(b)  24(c)  24(d)  24(e)  25(a)  25(b)  25(c)

**SECTION I**

The person(s) or entity(ies) for whom this RDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this RDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant

Applicant NRD No.

**Affiliate**

This affiliate is:

Firm

Individual

Name of Affiliate

(For individuals: last name, first name, middle name)

NRD No.

Registered:  yes  no

- This RDR should be removed from the Dealer Firm registration form because the affiliate(s) is no longer associated with the broker dealer.

If the affiliate is registered through the NRD, has the affiliate submitted a RDR for the event? If the answer is "yes", no other information on this RDR must be provided regarding the affiliate. . . . .  yes  no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. Regulatory action initiated by:

- Provincial/Territorial Regulator
- SRO
- Foreign jurisdiction

Full name of regulator, SRO, or foreign regulatory authority:

\_\_\_\_\_

2. Principal Sanction (check appropriate item):

- |   |   |
|---|---|
| <input type="checkbox"/> Reprimand        | <input type="checkbox"/> Penalty(ies)/Fine(s) |
| <input type="checkbox"/> Undertaking      | <input type="checkbox"/> Denial               |
| <input type="checkbox"/> Suspension       | <input type="checkbox"/> Terms and Conditions |
| <input type="checkbox"/> Cease and Desist | <input type="checkbox"/> Other _____          |







**SCHEDULE "F"**  
**Civil Proceedings Disclosure Reporting**

5. Principal product type:

Other product types:

6. Formal action was brought in: (include name of court, location of court - city or county and province/territory and country, case number)

7. Describe the allegations related to this civil action.

8. Current status?    Pending    On Appeal    Final

9. If **pending**, date notice/process was served:

\_\_\_\_\_   
 (MM/DD/YYYY)

Exact Date

Not Exact Date

Provide explanation \_\_\_\_\_

10. If on **appeal**, action appealed to (provide name of court): \_\_\_\_\_

Date Appeal filed: \_\_\_\_\_   
 (MM/DD/YYYY)

11. If **final**, how was the matter resolved (provide all details).

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

This Disclosure Reporting page is in response to affirmative response to *(check item(s) being responded to)*:

Item(s):       27(a)       27(b)       28       29

**SECTION I**

The person(s) or entity(ies) for whom this Disclosure Reporting page is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this Disclosure Reporting page is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant

Applicant NRD No.

**Affiliate**

This affiliate is:

Firm

Individual

Name of Affiliate

(For individuals: last name, first name, middle name)

NRD No.

Registered:    yes       no

- This Disclosure Reporting page should be removed from the Dealer Firm registration form because the affiliate(s) is no longer associated with the broker dealer.

If the affiliate is registered through the NRD, has the affiliate submitted a Disclosure Reporting page for the event? If the answer is "yes", no other information on this Disclosure Reporting page must be provided regarding the affiliate. ....  yes    no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II      Bankruptcy Disclosure**

1. Action type: *(check appropriate item)*

- Bankruptcy
- Compromise
- Declaration
- Liquidated
- Receivership
- Voluntary Assignment
- Other \_\_\_\_\_

2. Action date:

\_\_\_\_\_

(MM/DD/YYYY)

Exact Date

Not Exact Date

Provide explanation \_\_\_\_\_



**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

3. If the financial action relates to an organization over which the applicant or affiliate exercise(d) control, enter the name of the organization and the applicant's or affiliate's position, title or relationship.

Was the organization investment related?  yes  no

4. Court action brought in (*name of court*), location of Court (*city or county and province/territory or country*) and docket/case number:

5. Is action currently pending?  yes  no

6. If not pending, provide Disposition type (check appropriate item):

- Direct payment procedure
- Discharged
- Dismissed
- Dissolved
- Satisfied/Released
- Trustee appointed
- Other \_\_\_\_\_

7. Disposition date:

\_\_\_\_\_  Exact Date  
(MM/DD/YYYY)  Not Exact Date  
Provide explanation \_\_\_\_\_

8. Provide a brief summary of events leading to the action and if not discharged, explain.

9. If a Trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the Trustee:

Currently open?  yes  no

Date direct payment initiated/filed or Trustee appointed:

\_\_\_\_\_  Exact Date  
(MM/DD/YYYY)  Not Exact Date  
Provide explanation \_\_\_\_\_

10. Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if applicable).

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

**SECTION III Bond Disclosure**

1. Name of Applicant	Applicant NRD Number:
2. Firm Name (Policy Holder):	
3. Bonding Company Name:	
4. Disposition Types (check appropriate item): <input type="checkbox"/> Denied <input type="checkbox"/> Payout <input type="checkbox"/> Revoked	
5. Disposition date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. If disposition resulted in payout, list payout amount and date paid:	
7. Summarize the details of circumstances leading to the necessity of the bonding company action.	

**SECTION IV Judgement/Lien Disclosure**

1. Name of Applicant	Applicant NRD Number:
2. Judgement/Lien Amount:	
3. Judgement/Lien Holder:	
4. Judgement/Lien Type (check appropriate item) <input type="checkbox"/> Civil <input type="checkbox"/> Default <input type="checkbox"/> Tax	
5. Date filed: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. Is Judgement/Lien outstanding? <input type="checkbox"/> yes <input type="checkbox"/> no  If no, provide status date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____  If no, how was the matter resolved (check appropriate item) <input type="checkbox"/> Discharged <input type="checkbox"/> Released <input type="checkbox"/> Removed <input type="checkbox"/> Satisfied	
7. Name of court, location of Court ( <i>city or county and province/territory or country</i> ) and docket/case number:	

**SCHEDULE "G"**

**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

8. Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable).

## REGISTRATION FORM - INDIVIDUALS

Include instructions for completion.

Definition of Terms

Is this an:                     Initial Application                     Amendment

### GENERAL INFORMATION

NRD No.:

- |     |  |
|-----|--|
| 1.  | Last Name, First, Second and Third Names   |
| (a) | Legal Names (if different from above)  |
| (b) | Have you had a name change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "yes", complete Schedule "D", Section I - <i>Other Names(s) Previously Used</i> . |
| (c) | Home Address<br>(number, street, city, province/territory, postal code)  |
| (d) | Mailing Address (if different than above)<br>(number, street, city, province/territory, postal code)   |
| (e) | Area Code + Telephone Number   |
| (f) | Social Insurance Number  |

### *Personal Information*

- |     |   |
|-----|---|
| 2.  | Date of Birth<br>(Day, Month, Year)   |
| (a) | Place of Birth<br>(City, Province, Country)   |
| (b) | Sex   |
| (c) | Height  |
| (d) | Weight  |
| (e) | Colour of Eyes  |
| (f) | Colour of Hair  |
| (g) | Photograph of Individual held at firm? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "no", explain why ..... |

### *Citizenship Information*

- |    |   |
|----|---|
| 3. | What is your Citizenship?<br><input type="checkbox"/> Canadian<br><input type="checkbox"/> Other (specify): ..... |
|----|---|

## REGISTRATION FORM - INDIVIDUALS

(a) If not a Canadian citizen, complete the following information:  
 Are you a permanent resident? .....  Yes  No

Number of years of continuous residency in Canada? \_\_\_\_\_ year(s)

(b) Please provide the following Passport information:

Passport Number: .....

Country: .....

Date of Issue: ..... Place of Issuance: .....  
 (Day, Month, Year)

### RESIDENTIAL INFORMATION

4. Please provide all residential addresses for the past 10 years.

Present Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (number, street, city, province/territory/state, postal code/zip code, country)

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (number, street, city, province/territory/state, postal code/zip code, country)

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (number, street, city, province/territory/state, postal code/zip code, country)

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (number, street, city, province/territory/state, postal code/zip code, country)

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (number, street, city, province/territory/state, postal code/zip code, country)

Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 (number, street, city, province/territory/state, postal code/zip code, country)

### EDUCATION

5. Please complete the following information:

	<i>Instruction</i>	<i>Name of last school attended in each level</i>	<i>Degree or Diploma</i>	<i>Date Obtained</i>
	High School or Secondary Level			
	Post-Secondary, College or University			
	Professional Education			
	Other (specify):			

## REGISTRATION FORM - INDIVIDUALS

### EMPLOYMENT

Provide details of the dealer you are currently employed.

6.	Legal Name of Current Dealer:	NRD # of Dealer:
7.	The location from which I work is the: <input type="checkbox"/> Head Office Location <input type="checkbox"/> Branch Location; or <input type="checkbox"/> Sub-Branch Location	
The address for the location from which I work is as follows:		
(a)	Business Address (number, street, city, province/territory, postal code)	
(b)	Mailing Address (if different than above) (number, street, city, province/territory, postal code)	
(c)	Website Address (if applicable to business)	
(d)	e-mail Address	
(e)	Area Code + Telephone Number	
(f)	Fax Number	
8.	Date employment commenced with the Dealer noted in Item #6 above.      ..... <span style="float: right;">(MM/DD/YYYY)</span>	
9.	Present position in the firm: <input type="checkbox"/> Sales Representative <input type="checkbox"/> Manager <input type="checkbox"/> Compliance Officer <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Adviser <input type="checkbox"/> Other (specify): .....	

### SPOUSAL INFORMATION

10.	Name of Spouse: .....  Name of Spouse's Employer: .....  Position Held: .....
-----	---

## REGISTRATION FORM - INDIVIDUALS

### PROFICIENCY REQUIREMENTS

11. Please note which courses have been successfully completed or received exemption:

Courses	Completed	Date Completed MM/DD/YYYY	Exempt	Date Exempted and by Which Jurisdiction
ACE Traders Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Branch Managers' Examination (IFIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Branch Managers' Qualifying Exam (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Commodity Futures Exam (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Commodity Supervisors Exam (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Futures Exam Program (CSI), Part I	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Futures Exam Program (CSI), Part II	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Investment Funds Course (IFIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Investment Finance Course (CSI)				
Part I	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Part II	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Investment Management (CSI)(Course 2)				
Part I	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Part II	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Option Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Operations Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Canadian Securities Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
CATS Exam – Oral, Written	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Chartered Financial Analysts Course (AIMR) (1 <sup>st</sup> yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Chartered Financial Analysts Course (AIMR) (2 <sup>nd</sup> yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Chartered Financial Analysts Course (AIMR)(completed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Conduct and Practices Handbook Exam (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Derivatives Fundamentals Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Effective Management in the Securities Industry (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Examination based on Manual for Registered Reps (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Fundamentals of Portfolio Management Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Futures Licensing Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Investment Funds in Canada Course (ICB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Investment Management Techniques Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
National Commodities Futures Examination (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
New Entrants Exam (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Officers' Partners' or Directors' Examination (IFIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Options Licensing Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Options Supervisory Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Partners, Directors and Senior Officers Qualifying Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Portfolio Management Technique	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Principals of Mutual Fund Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Professional Financial Planning Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Qualifying Examination for Registered Options Principal	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Real Estate Pre-Licensing Course (UBC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Registered Options Principals Exam Program (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Technical Analysis Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Traders Training Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
VCT Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Wealth Management Techniques Course (CSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Other (Specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	.....

## REGISTRATION FORM - INDIVIDUALS

12.	Proof of passing course(s) as indicated above is held at the firm? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", why not? .....
13.	Please indicate student number if applicable:  IFIC Student # _____  CSI Student # _____  AIMR Student # _____  ICB Student # _____  Other Student # (please specify): _____
14.	Has any Securities Regulator or SRO refused you an exemption for a proficiency course(s)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", state which regulator refused to grant the exemption, the name of the course and the reason for not granting the exemption. ....

### EMPLOYMENT HISTORY

15. The following information constitutes full disclosure of your business activities, including any periods of self-employment and unemployment, for 10 years immediately prior to the date of this application, excluding any summer employment while a full time student, but including all securities or commodities industry employment during and *prior to the ten-year period.*

Name & Address of Employer	Name & Title of Immediate Supervisor	Nature of Employment & Duties of Applicant	Reasons for Leaving	From Month/Year	To Month/Year
<i>Present:</i>					
<i>Previous:</i>					



## REGISTRATION FORM - INDIVIDUALS

### SECURITIES REGULATORS AND SELF REGULATORY ORGANIZATIONS

16. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO), Exchange and/or Securities Commission in which the applicant: (1) is currently registered/member; and/or (2) is applying for registration/membership.

Currently Registered/a Member	Applying for Registration/Membership
<ul style="list-style-type: none"> <li><input type="checkbox"/> British Columbia Securities Commission</li> <li><input type="checkbox"/> Alberta Securities Commission</li> <li><input type="checkbox"/> Saskatchewan Securities Commission</li> <li><input type="checkbox"/> Manitoba Securities Commission</li> <li><input type="checkbox"/> Ontario Securities Commission</li> <li><input type="checkbox"/> Commission des valeurs mobilières du Québec</li> <li><input type="checkbox"/> New Brunswick Office of the Administrator</li> <li><input type="checkbox"/> Nova Scotia Securities Commission</li> <li><input type="checkbox"/> Prince Edward Island Registrar of Securities</li> <li><input type="checkbox"/> Newfoundland Securities Division</li> <li><input type="checkbox"/> Northwest Territories Securities Registries</li> <li><input type="checkbox"/> Yukon Territory Registrar of Securities</li> <li><input type="checkbox"/> Nunavut</li>   <li><input type="checkbox"/> Investment Dealers Association of Canada</li> <li><input type="checkbox"/> Mutual Fund Dealers Association</li> <li><input type="checkbox"/> Canadian Venture Exchange (CNDX)</li> <li><input type="checkbox"/> Montreal Exchange</li> <li><input type="checkbox"/> Toronto Stock Exchange</li> <li><input type="checkbox"/> Toronto Futures Exchange</li> <li><input type="checkbox"/> Winnipeg Commodity Exchange</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> British Columbia Securities Commission</li> <li><input type="checkbox"/> Alberta Securities Commission</li> <li><input type="checkbox"/> Saskatchewan Securities Commission</li> <li><input type="checkbox"/> Manitoba Securities Commission</li> <li><input type="checkbox"/> Ontario Securities Commission</li> <li><input type="checkbox"/> Commission des valeurs mobilières du Québec</li> <li><input type="checkbox"/> New Brunswick Office of the Administrator</li> <li><input type="checkbox"/> Nova Scotia Securities Commission</li> <li><input type="checkbox"/> Prince Edward Island Registrar of Securities</li> <li><input type="checkbox"/> Newfoundland Securities Division</li> <li><input type="checkbox"/> Northwest Territories Securities Registries</li> <li><input type="checkbox"/> Yukon Territory Registrar of Securities</li> <li><input type="checkbox"/> Nunavut</li>   <li><input type="checkbox"/> Investment Dealers Association of Canada</li> <li><input type="checkbox"/> Mutual Fund Dealers Association</li> <li><input type="checkbox"/> Canadian Venture Exchange (CNDX)</li> <li><input type="checkbox"/> Montreal Exchange</li> <li><input type="checkbox"/> Toronto Stock Exchange</li> <li><input type="checkbox"/> Toronto Futures Exchange</li> <li><input type="checkbox"/> Winnipeg Commodity Exchange</li> </ul>

17. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO,) Securities Commission and/or Other Regulator in which the applicant is a member/registered (other than included in Item# 16 above):

- NASD
- SEC
- US State Regulators
  
- Other Regulators - specify: \_\_\_\_\_  
(e.g. OSFI, Financial Services Commission of Ontario, etc.)
  
- Other(specify)\_\_\_\_\_

## REGISTRATION FORM - INDIVIDUALS

### TYPE OF REGISTRATION

18. Please indicate the type of registration or approval requested:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Salesperson</li> <li><input type="checkbox"/> Partner</li> <li><input type="checkbox"/> Trading/Partner</li> <li><input type="checkbox"/> Director</li> <li><input type="checkbox"/> Trading/Director</li> <li><input type="checkbox"/> Trading/Advising Officer</li> <li><input type="checkbox"/> Non-Trading/Advising Officer</li> <li><input type="checkbox"/> Compliance Officer</li> <li><input type="checkbox"/> Branch Manager</li> <li><input type="checkbox"/> Designated/Alternate Registered Options Principal</li> <li><input type="checkbox"/> Designated/Alternate Registered Futures Principal</li> <li><input type="checkbox"/> Designated/Alternate Registered Futures/Options Principal</li> <li><input type="checkbox"/> Industry Investor</li> <li><input type="checkbox"/> Non-industry Investor</li> <li><input type="checkbox"/> Registered Mutual Funds Representative</li> <li><input type="checkbox"/> Registered Representative (Retail)</li> <li><input type="checkbox"/> Registered Representative (Non-Retail)</li> <li><input type="checkbox"/> Investment Representative (Retail)</li> <li><input type="checkbox"/> Investment Representative (Non-Retail)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> ACE Trade</li> <li><input type="checkbox"/> ACE Trade/RR</li> <li><input type="checkbox"/> Assistant ACE Trader</li> <li><input type="checkbox"/> CATS Trader</li> <li><input type="checkbox"/> VCT Trader</li> <li><input type="checkbox"/> Trader - Trade CDNX</li> <li><input type="checkbox"/> Independent - Commodities Options Trader</li> <li><input type="checkbox"/> Independent - Commodities Floor Trader</li> <li><input type="checkbox"/> Portfolio Manager</li> <li><input type="checkbox"/> Associate Portfolio Manager</li> <li><input type="checkbox"/> Investment Advisor (British Columbia only)</li> <li><input type="checkbox"/> Investment Counsel</li> <li><input type="checkbox"/> Portfolio Manager</li> <li><input type="checkbox"/> Securities Adviser</li> <li><input type="checkbox"/> Advising Employee</li> <li><input type="checkbox"/> Ultimate/Alternate Designated Person</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul> |
|---|--|

### *Type of Securities*

19. Please note the type of securities you will be dealing in:

- Securities (other than Forward Contracts)
- Exchange Contracts (Commodities)
- Equity Options
- Forward Contracts
- Mutual Fund Securities
- Scholarship Plan Securities
- Real Estate Securities
- Security Issuer Securities
- Other (specify): \_\_\_\_\_

**REGISTRATION FORM - INDIVIDUALS**

**PRIOR REGISTRATION OR LICENSING**

- |     |   |
|-----|---|
| 20. | Are you now or have you ever been registered or licensed or applied for registration or a license in any capacity under any act or regulation thereof, regulating trading in securities or exchange contracts (commodities or commodity future contracts) of any province, territory, state or country? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If “yes” complete Schedule “B”.   |
| 21. | Have you <i>ever</i> been refused registration or licensing or approval for membership by any regulator or SRO? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If “yes”, complete Schedule “B”.  |
| 22. | Are you now, or have you ever been a partner, shareholder, director or officer of any company or of a partnership which has been registered or licensed or is now registered or licensed (except as an issuer if you are or have been solely a shareholder) in any capacity under any act or regulation thereof, regulating trading in securities or exchange contracts (commodities or commodity futures contracts) of any province, territory, state or country? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If “yes” please complete Schedule “B”. |

**CRIMINAL DISCLOSURE**

**INSTRUCTION:**

*Offences under such federal statutes as the **Income Tax Act (Canada)** and the **Immigration Act (Canada)** constitute criminal offences and must be disclosed when answering this question. Where you have pleaded guilty or been found guilty of an offence, such offence must be reported even though an absolute or conditional discharge has been granted.*

*It is considered inappropriate to omit reference to an offence under any statute other than the **Young Offenders Act (Canada)**. Wrongful omission of an offence may be treated as a non-disclosure of material information.*

*It should be noted that pleas or findings of guilt for impaired driving are **Criminal Code (Canada)** matters and must be disclosed.*

*You are not required to disclose any offence for which a pardon has been granted under the **Criminal Records Act (Canada)** and such pardon has not been revoked. Under such circumstances, the appropriate response would be "No".*

*If you are in doubt as to previous dealings you have had with law enforcement agencies and the applicability of this question with respect to such encounters, you should obtain the advice of an authorized officer of your sponsor or a legal adviser.*

**REGISTRATION FORM - INDIVIDUALS**

23.	<p><b>Past Offences Involving Securities, Commodities, Insurance or Real Estate</b></p> <p>Have you <b>ever</b> since attaining the age of 18 been charged with or pleaded guilty or been found guilty under any law of any province, territory, state or country of any offence relating to trading in securities, exchange contracts (commodities or commodity futures contracts), insurance or real estate or with the theft thereof, or with any related offence, or been a party to any proceedings taken on account of fraud arising out of any trade in or advice in respect thereof? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes" complete Schedule "C".</p>
24.	<p><b>Past Offences Involving Other Criminal Offences or Contraventions</b></p> <p>Have you, since attaining the age of 18, <b>ever</b> pleaded guilty or been found guilty under any law of any province, territory, state or country for contraventions or other criminal offences not noted in Item #15 above? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes" complete Schedule "C".</p>

25.	<p><b>Current Charges or Indictments</b></p> <p>Are you <i>currently the subject of a charge or Indictment</i>, under any law of any province, territory, state or country for contraventions, criminal offences or other conduct of the type described in Item #15 or #16 above? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes” complete Schedule “C”.</p>
26.	<p><b>Partnership or Company Offences or Current Charges or Indictments</b></p> <p>Has any partnership or company of which you are or were at the time of such event a partner, officer, director or a holder of voting securities carrying more than 5% of the votes carried by all outstanding voting securities, <i>ever</i> pleaded guilty or been found guilty, or is any such partnership or company currently the subject of a <i>charge or indictment</i>, under any law of any province, territory, state or country for contraventions, criminal offences or other conduct of the type described in Item #23 or #24 above? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes” complete Schedule “C”.</p>

**REGISTRATION FORM - INDIVIDUALS**

<b>REGULATORY DISCIPLINARY ACTION</b>	
27.	<p>Have you <i>ever</i> been refused registration or a licence, or has your registration or licence been suspended or cancelled, under any act or regulation thereof, regulating trading in securities or exchange contracts (commodities or commodity futures contracts) of any province, territory, state or country? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes” complete Schedule “E”.</p>
28.	<p>Have you <i>ever</i> been refused registration or a licence, or has your registration or licence been suspended or cancelled, under any legislation which requires registration or licensing to deal with the public in any <i>capacity other than trading in securities or exchange contracts (commodities or commodity futures contracts)</i> in any province, territory, state or country? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes” complete Schedule “E”.</p>

29.	<p>Are you now or have you <i>ever</i> been a partner, shareholder, director or officer of a company or of a partnership which has, during the time of your association with it, been refused registration (except a registration as an issuer if you are or have been solely a shareholder) or a licence, or whose registration has been suspended or cancelled under the act, or regulation thereof, regulating trading in securities or exchange contracts (commodities or commodity futures contracts) of any province, territory, state or country? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes” complete Schedule “E”.</p>
30.	<p>Have you been denied the benefit of any exemption from registration or licensing provided by any act or regulation thereof regulating trading in securities or exchange contracts (commodities or any commodity futures contracts) of any province, territory, state or country? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes” complete Schedule “E”.</p>
31.	<p>Has any prior or current registration or licensing to deal or trade in securities or exchange contracts (commodities or commodity futures contracts) held by you or any partnership or company of which you were at the time of such event a partner, officer or director or holder of voting securities carrying more than 5 percent of the votes carried by all outstanding voting securities <i>ever</i> been the subject of disciplinary action undertaken by any authority regulating or supervising trading in securities or exchange contracts (commodities or commodity futures contracts)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “yes” complete Schedule “E”.</p>

**REGISTRATION FORM - INDIVIDUALS**

<b>CIVIL PROCEEDINGS</b>	
32.	<p>(a) Has any claim been made against you successfully or, to your knowledge, is any claim pending in any civil or alternative dispute resolution proceedings before a court or other tribunal in any province, territory, state or country which was, or is, based in whole or in part on fraud, theft, deceit, misrepresentation or similar conduct? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Has any claim been made against any partnership or company of which you are or were at the time of such event, or at the time such proceedings were commenced, a partner, director, officer or holder of voting securities carrying more than 5% of the votes carried by all outstanding voting securities? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**TERMINATIONS**

33.	Have you ever voluntarily resigned, been discharged or permitted to resign after allegations were made that accused you of:
(a)	violating investment related statutes, regulations, rules or industry standards of conduct? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	fraud or the wrongful taking of property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	failure to supervise in connection with investment related statutes, regulations, rules or industry standards of conduct? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any of these questions in Item #33, please complete Schedule "H".	

<b>FINANCIAL DISCLOSURE</b>	
If you answer "yes" to any of the following questions complete Schedule "G".	
<b>Bankruptcy</b>	
34.	Under the law of any province, territory, state or country have you ever:
(a)	been declared bankrupt or made a voluntary assignment in bankruptcy? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	made a proposal under any legislation relating to bankruptcy or insolvency? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	been subject to or instituted any proceedings, arrangement or compromise with creditors including, having a receiver and/or manager appointed to hold your assets? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>REGISTRATION FORM - INDIVIDUALS</b>
--

35.	Has any partnership or corporation of which you are or were at the time of such event a partner, director, officer or holder of voting securities carrying more than 5% of the votes carried by all outstanding voting securities <i>ever</i> :
(a)	been declared bankrupt or made a voluntary assignment in bankruptcy? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	made a proposal under any legislation relating to bankruptcy or insolvency? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	been subject to proceedings under any legislation relating to the winding up, dissolution or companies' creditors arrangements? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

(d)	been subject to or instituted any proceedings, arrangement or compromise with creditors or had a receiver and/or manager appointed to hold its assets? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
-----	---

**Surety Bond or Fidelity Bond**

36.	Have you <i>ever</i> applied for a surety bond or fidelity bond and been refused? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  If “yes”, complete Schedule “G”.  Are you presently bonded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
-----	--

**Judgement or Garnishment**

37.	Has any judgement or garnishment <i>ever</i> been rendered against you or is any judgement or garnishment outstanding against you, in any civil court in any province, state or country for damages or other relief in respect of a fraud or for any reason whatsoever? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  If “yes” complete Schedule “G”.
-----	---

**BUSINESS ACTIVITIES**

38.	Will you be actively engaged in the business of the firm with which you are now applying and devote the major portion of your time thereto? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Are you engaged in any other business or have any other employment for gain except your occupation with the firm with which you are now applying? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  If “yes”, complete Schedule “G”.

**REGISTRATION FORM - INDIVIDUALS**

**SHAREHOLDERS**

40.	Are you a partner, director, officer, shareholder or other contributor of capital of a partnership or of a company having as its principal business that of a broker, dealer or adviser in securities, options or exchange contracts (commodities or commodity futures contracts) other than the firm with which you are now applying? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  If “yes”, complete Schedule “A”.
-----	---





**SCHEDULE "A" (Individual)  
Direct Owners and Officers**

Use Schedule "A" in response to Item #40 to provide information if you are a partner, director, officer, shareholder or other contributor of capital of a partnership or of a company having as its principal business that of a broker, dealer or adviser in securities, options or exchange contracts (commodities or commodity futures contracts) other than the firm with which you are now applying.

**Applicant**

Name of Applicant (last name, first name, middle name)	Applicant NRD No.
SIN #	Firm NRD No.

**SECTION I**

1. State the number, value, class and percentage of shares or the amount of partnership interest you own or propose to acquire upon approval. If acquiring shares upon approval, state source (e.g. treasury shares, or if upon transfer, state name of transferor).
2. State the value of subordinated debentures or bonds of the firm to be held by you or any other subordinated loan to be made by you to the firm.
3. State the source of the funds you propose to invest in the firm and provide full details.
4. Are the funds to be invested (or proposed to be invested) guaranteed directly or indirectly by any person, partnership or company? .....  Yes  No  
  
If "yes", provide full details.
5. Are you or will you upon approval be the beneficial owner of the shares, bonds, debentures, partnership interest or other notes held by you? .....  Yes  No  
  
If "no", state name, residential address and occupation of the beneficial owner.

**SCHEDULE "A" (Individual)**  
**Direct Owners and Officers**

6. Have you either directly or indirectly given up any rights with respect to such shares or amount of the partnership interest, or do you, on approval of this application, intend to give up any rights, including any hypothecation, pledging or deposit as collateral of the shares or amount of partnership interest with any bank, other institution or other person? .....  Yes  No

If "yes", provide full details.



**SCHEDULE "B" (Individual)**  
**Reporting of Prior Registration or Licensing**

3. If you have *ever* been refused registration or licensing, or approval for membership in any SRO and/or Exchange, note which one refused such registration/membership below:

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut
- Investment Dealers Association of Canada
- Mutual Fund Dealers Association
- Canadian Venture Exchange (CNDX)
- Montreal Exchange
- Toronto Stock Exchange
- Toronto Futures Exchange
- Winnipeg Commodity Exchange
- Other (specify): \_\_\_\_\_

4. Provide details why you were refused registration and/or membership in the above noted Item #3.

**SECTION II      Other Business Relationships**

4. If you are currently or have ever been engaged as a partner, shareholder, director, officer, or proprietor of any company (please exclude non-investment related activity which is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt) please provide the following information:

Name of the other business: .....

Whether the business is investment related .....

Address of the other business .....

Nature of the other business .....

Your position, title or relationship with the other business .....

Start date and end dates of your relationship .....

Briefly describe your duties relating to the other business .....

**SCHEDULE "B" (Individual)**  
**Reporting of Prior Registration or Licensing**

4. Confirmation by the applicant's firm that there are no conflicts with this business relationship:

There are no conflicts with this business relationship.

Name of Signing Authority: .....

**SCHEDULE "C" (Individual)  
Criminal Disclosure Reporting**

This Criminal Disclosure Reporting (CDR) is in response to affirmative responses to *(check item(s) being responded to)*:

Item(s):      23    24    25    26

**Applicant**

Name of Applicant  
(last name, first name, middle name)

Applicant NRD No.

SIN #

Firm NRD No.

**SECTION I**

1. If charge(s) were brought against an organization over the which the applicant exercise(d) control: enter the name of the organization; whether or not the organization was a securities-related business; and the applicant's position, title or relationship.

2. Formal charge(s) were brought in: (include name of court, location of court - city or county and province/territory and country, case number).

**Event Disclosure Detail** (use this for both organizational and individual charges)

3. (a) Date first charged \_\_\_\_\_  
MM/DD/YYYY

Exact Date  
If not, provide explanation: \_\_\_\_\_

- (b) Event Disclosure Detail (include: Charge(s); Description of Charge(s) and for each charge provide:
- number of counts
  - felony or misdemeanour
  - please for each charge
  - product type if charge is securities/investment related

(c) Did any of the Charge(s) within the Event involve a Felony? .....  yes     no

(d) Current status of the Event?       Pending     On Appeal     Final

(e) Event Status Date:  
(complete unless status is Pending)  
  
\_\_\_\_\_

MM/DD/YYYY

Exact Date  
If not, provide explanation: \_\_\_\_\_

**SCHEDULE "C" (Individual)  
Criminal Disclosure Reporting**

**Disposition Disclosure Detail**

4. Include for each charge:
  - disposition type (e.g. convicted, acquitted, dismissed, pre-trial, etc.);
  - date;
  - sentence/penalty;
  - duration (if sentence suspension, probation, etc.);
  - start date of penalty;
  - penalty/fine amount; and
  - date paid
  
5. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred.



**SCHEDULE "D" (Individual)  
Change of Name(s)**

Use this Schedule "D" to report details for item listed below. Report only new information or changes/updates to previously submitted details. Do not repeat previously submitted information.

Item:             1(b)

**Applicant**

Name of Applicant (last name, first name, middle name)	Applicant NRD No.
SIN #	Firm NRD No.

**SECTION I            Other Name(s) Previously Used**

Name changes resulting from marriage, divorce, court order or any other process should be listed below, plus appropriate dates.

1. Name Change:  _____ Last Name, First, Second and Third Names	Reason for change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order <input type="checkbox"/> Other - specify _____	Date Changed:  _____ MM/DD/YYYY
2. Name Change:  _____ Last Name, First, Second and Third Names	Reason for change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order <input type="checkbox"/> Other - specify _____	Date Changed:  _____ MM/DD/YYYY
3. Name Change:  _____ Last Name, First, Second and Third Names	Reason for change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order <input type="checkbox"/> Other - specify _____	Date Changed:  _____ MM/DD/YYYY
4. Name Change:  _____ Last Name, First, Second and Third Names	Reason for change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order <input type="checkbox"/> Other - specify _____	Date Changed:  _____ MM/DD/YYYY





**SCHEDULE "F" (Individual)  
Civil Proceedings Disclosure Reporting**

This Civil Proceedings Disclosure Reporting (CPDR) is in response to affirmative response to *(check item(s) being responded to)*:

Item(s):    32(a)    32(b)

**Applicant**

Name of Applicant (last name, first name, middle name)	Applicant NRD No.
SIN #	Firm NRD No.

**SECTION I**

1. Court action initiated by: (name of regulator/SRO/exchange, agency, firm, private plaintiff, etc.)
  
2. Principal relief sought:
  
3. Other relief sought:
  
4. Filing date of court action:  
 \_\_\_\_\_  
 (MM/DD/YYYY)                       Exact Date  
     Not Exact Date  
    Provide explanation \_\_\_\_\_
  
5. Principal product type:  
  
 Other product types:
  
6. Formal action was brought in: (include name of court, location of court - city or county and province/territory and country, case number)
  
7. Employing firm when activity occurred which led to the civil proceedings:
  
8. Describe the allegations related to this civil action.

**SCHEDULE "F" (Individual)**  
**Civil Proceedings Disclosure Reporting**

9. Current status?       Pending       On Appeal       Final

10. If **pending**, date notice/process was served:

\_\_\_\_\_   
 (MM/DD/YYYY)

Exact Date

Not Exact Date

Provide explanation \_\_\_\_\_

11. If on **appeal**, action appealed to (provide name of court): \_\_\_\_\_

Date Appeal filed: \_\_\_\_\_   
 (MM/DD/YYYY)

12. If **final**, how was the matter resolved (provide all details).

**SCHEDULE "G" (Individual)  
Bankruptcy, Bond and Judgement/Garnishment Disclosure Reporting**

This Disclosure Reporting page is in response to affirmative response to *(check item(s) being responded to)*:

Item(s):       34(a)       43(b)       34(c)       35(a)       35(b)       35(c)       35(d)  
                   36             37             39

**Applicant**

Name of Applicant (last name, first name, middle name)	Applicant NRD No.
SIN #	Firm NRD No.

**SECTION I            Bankruptcy Disclosure**

1. Action type: *(check appropriate item)*

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Receivership
<input type="checkbox"/> Compromise	<input type="checkbox"/> Voluntary Assignment
<input type="checkbox"/> Declaration	<input type="checkbox"/> Other _____
<input type="checkbox"/> Liquidated	

2. Action date:

\_\_\_\_\_

(MM/DD/YYYY)

<input type="checkbox"/> Exact Date
<input type="checkbox"/> Not Exact Date Provide explanation

\_\_\_\_\_

3. If the financial action relates to an organization over which you exercise(d) control, enter the name of the organization and your position, title or relationship.

Was the organization investment related?       yes       no

4. Court action brought in *(name of court)*, location of Court *(city or county and province/territory or country)* and docket/case number:

5. Is action currently pending?       yes       no

6. If not pending, provide Disposition type (check appropriate item):

<input type="checkbox"/> Direct payment procedure
<input type="checkbox"/> Discharged
<input type="checkbox"/> Dismissed
<input type="checkbox"/> Dissolved
<input type="checkbox"/> Satisfied/Released
<input type="checkbox"/> Trustee appointed
<input type="checkbox"/> Other _____



**SCHEDULE "G" (Individual)**  
**Bankruptcy, Bond and Judgement/Garnishment Disclosure Reporting**

7. Summarize the details of circumstances leading to the necessity of the bonding company action.

**SECTION III Judgement/Garnishment Disclosure**

1. Name of Applicant

Applicant NRD Number:

2. Judgement/Garnishment Amount:

3. Judgement/Garnishment Holder:

4. Judgement/Garnishment Type (check appropriate item)

Civil       Default       Tax       Other (specify): \_\_\_\_\_

5. Date filed:

\_\_\_\_\_       Exact Date  
(MM/DD/YYYY)       Not Exact Date  
Provide explanation \_\_\_\_\_

6. Is Judgement/Garnishment outstanding?       yes       no

If no, provide status date:

\_\_\_\_\_       Exact Date  
(MM/DD/YYYY)       Not Exact Date  
Provide explanation \_\_\_\_\_

If no, how was the matter resolved (check appropriate item)

Discharged       Released       Removed       Satisfied

7. Name of court, location of Court (*city or county and province/territory or country*) and docket/case number:

8. Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable).

**SECTION IV Business Activities**

1. If you are engaged in any other business or have any other employment provide **full details** including the full name and address of the business, the nature of the business, your title or position and the amount of time you devote to the business.



**SCHEDULE "H" (Individual)  
Termination Disclosure Reporting**

This Termination Disclosure Reporting (TDR) is in response to affirmative responses to *(check item(s) being responded to)*:

Item(s): 33(a)      33(b)      33(c)

**Applicant**

Name of Applicant  
(last name, first name, middle name)

Applicant NRD No.

SIN #

Firm NRD No.

**SECTION I**

1. Firm name:

2. Termination Type:

- Discharged
- Permitted to Resign
- Voluntary Resignation

3. Termination Date \_\_\_\_\_  
MM/DD/YYYY

Exact Date  
If not, provide explanation: \_\_\_\_\_

4. Describe the allegations related to this termination.

5. Principal product type:

Other product types:

6. Describe the circumstances relating to the termination. Include event dates and facts to sufficiently describe conduct leading to the termination.