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| **IDENTIFICATION OF TRAINERS FORM** |

1. Company/organization:

**Name of the trainer**:

Address (if different from the provider’s address):

City:       Province:       Postal code:

Phone:       Email:

For an application to the CSF - Is this trainer a representative? [ ]  Yes. AMF certificate number:      / [ ]  No

For an application to the IQPF - Is this trainer a financial planner [ ]  Yes / [ ]  No

Do they have a disciplinary record? [ ]  Yes / [ ]  No

One of these 2 documents is attached to this application: [ ]  Resume [ ]  Biography

1. Company/organization:

**Name of the trainer**:

Address (if different from the provider’s address):

City:       Province:       Postal code:

Phone:       Email:

**For an application to the CSF** - Is this trainer a representative? [ ]  Yes. AMF certificate number:      / [ ]  No

**For an application to the IQPF** - Is this trainer a financial planner [ ]  Yes / [ ]  No

Do they have a disciplinary record? [ ]  Yes / [ ]  No

One of these 2 documents is attached to this application: [ ]  Resume [ ]  Biography