



**APPLICATION FORM FOR MEMBERSHIP  
ON THE DISCIPLINARY COMMITTEE OF  
THE CHAMBRE DE LA SÉCURITÉ FINANCIÈRE**

*Please note that most Discipline Committee hearings are held in French by videoconference.*

**IDENTIFICATION**

**1. First name (including middle and last names, if applicable) and surname:**

**2. Other names:**

**Do you use a name other than the one given above, or have you ever been known by other names, such as a nickname or married name?**

YES

NO

If yes, please specify:

**3. Residential address:**

|               |             |
|---------------|-------------|
| Street :      |             |
| City :        |             |
| Postal code : | Telephone : |
| E-mail :      | Cell :      |

**4. Language(s) spoken:**

French

English

Other(s), specify:





## TRAINING AND EXPERIENCE

### 5. Certificate and/or registration :

Certificat n° :

NRD n° :

#### **Admission requirements: 10 years experience**

In which discipline(s) or registration category(ies) are you currently licensed, and **have been for at least 10 years** :

Mutual Fund Dealers

Financial Planning

Life and Health insurance

Group Insurance of Persons

Scholarship Plan Brokerage

### 6. Self-regulatory organization or professional order

**Are you or have you ever been a member of another self-regulatory organization or professional order?**

Yes, please specify :

No

## IMPLICATION

### 7. Member of the Board of Directors of the Chambre de la sécurité financière :

Yes, specify year and function:

No

### 8. Member of a committee formed by the Board of Directors of the Chambre de la sécurité financière :

Yes, specify year and committee name :

No

### 9. Involvement in other organizations :

Yes, specify year and organization :

No



## MOTIVATION

10. Why do you want to be a member of the Disciplinary Committee of the Chambre de la sécurité financière?

11. How does your professional practice serve as a reference for your peers?

## REFERENCES

12. Please provide the name, position and contact information of two persons who can attest to the quality of your professional conduct.

| First and last name | Role | Phone number |
|---------------------|------|--------------|
|                     |      |              |
|                     |      |              |

## OTHER INFORMATION

13. To the best of your knowledge, are you affected by any of the following situations ?

Have you ever been convicted of a criminal or penal offence\* or been sentenced in a civil or administrative proceeding (including bankruptcy or assignment of property)?

YES

NO

If yes, please  
give details :

\* Indicate "no" if you have been granted a pardon.

Are you currently or have you ever been the subject of any criminal, penal, civil or administrative proceedings in connection with your right to practice as a representative, or of any other administrative measures or sanctions by a court or otherwise?

YES

NO

If yes, please  
give details :





**Have you been the subject of a disciplinary decision rendered outside Quebec?**

YES

NON

If yes, please  
give details:

**In addition to the items mentioned above, are you aware of any information, errors, omissions or circumstances that could taint or call into question your probity or integrity?**

YES

NO

If yes, please  
give details:

#### DECLARATION AND AUTHORIZATION

I certify that the information provided in this form is accurate and that my application meets the eligibility criteria. If my candidacy is accepted, I will undertake to faithfully perform the duties and obligations of a member of the Disciplinary Committee, to comply with the Règlement sur le comité de discipline de la Chambre de la sécurité financière and to sign the solemn undertaking provided for in the Regulation.

I also agree to inform the Secretariat of the Disciplinary Committee of the Chambre de la sécurité financière immediately of any change in the information provided.

I also consent to the collection, use and disclosure of the information provided herein and any other personal information collected, used and disclosed for the purposes hereof during its useful life.

I hereby authorize the Chambre de la sécurité financière, its agents or representatives to communicate with the references provided in order to carry out the usual verifications.

I also authorize the Chambre de la sécurité financière, its agents or representatives, to carry out any necessary verifications and to obtain any information, personal or otherwise, relating to my professional training file and to any file held by the Syndic of the Chambre de la sécurité financière, the Syndic of the Chambre de l'assurance de dommages, the Syndic of the Organisme d'autoréglementation du courtage immobilier du Québec, the Syndic of any other professional organization or self-regulatory organization to which I belong or have belonged, the Autorité des marchés financiers, a receiver, a Quebec, Canadian or foreign police force, as well as any organization or body of another jurisdiction performing functions similar to those listed above.



I understand that the information thus obtained may be used, among other things, to verify the accuracy of the information contained in my application form, the eligibility of my candidacy and the fact that I possess the required integrity to serve as a member of the Disciplinary Committee.

For these purposes, my date of birth is: \_\_\_\_\_.

Signed at \_\_\_\_\_, this \_\_\_\_\_.

**Signature :**

Please return the duly completed and signed form no **later than October 10, 2023** to the following address by e-mail :

[comitediscipline@chambresf.com](mailto:comitediscipline@chambresf.com)

If you have any questions, please contact Amélie Lemay, Secretary of the Disciplinary Committee, at 361-9989, or by e-mail at : [alemay@chambresf.com](mailto:alemay@chambresf.com).

