

**CIRO  
HEARING RECORD REQUEST FORM**

**Please ensure that you have carefully reviewed the CIRO Policy regarding use and disclosure of personal information in disciplinary proceedings.**

Name of person requesting information:

Address:

Email:

Phone:

Describe the nature of the information requested (please be as specific and detailed as possible):

Please be advised that any copying will be charged to the requester at a commercial rate determined by the National Hearing Officer or the Transcription Service provider involved.

Please return this form to: [Hearings@ciro.ca](mailto:Hearings@ciro.ca) or to the following address:

Hearing Office  
Canadian Investment Regulatory Organization  
Suite 2000, 121 King St. West  
Toronto, ON M5H 3T9

**Declaration: If CIRO provides the information that I have requested, I undertake not to sell or otherwise disclose the information to others.**

Date:

Signature: