

FILE COPY REQUEST FORM

GENERAL INSTRUCTIONS

This form is used to request a copy of your registration records with the Canadian Investment Regulatory Organization (CIRO) for individuals approved under the Investment Dealer and Partially Consolidated (IDPC) Rules.

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

CIRO ONTARIO OFFICE
OntarioFilings@ciro.ca

CIRO PACIFIC OFFICE
PacificFilings@ciro.ca

CIRO PRAIRIE OFFICE
PrarieFilings@ciro.ca

CIRO QUEBEC OFFICE /
ATLANTIC OFFICE
QuebecFilings@ciro.ca
AtlanticFilings@ciro.ca

REQUESTOR INFORMATION

Name: _____ Date of Birth: _____
(First, Middle, Last) (YY-MM-DD)

Telephone No.: _____ Address: _____

Only the last Form 33-109F1 "Notice of End of Registered Individual and Permitted Individual Status" (formerly called a Notice of Termination) is provided in the file copy. Would you like to receive copies of any previous Notices of Termination or Form 33-109F1s in this file copy?

Yes No

FORM OF PAYMENT (\$50)

Dealer Member payment:

Payment is to be made **after** you receive an invoice from CIRO's finance department at the end of the month. Fill in the information below for invoicing:

(Below to be completed if payment email is different from email indicated in the "Delivery Method" section below)

Dealer Member (if applicable): _____

Name of Email Recipient: _____ Email Address: _____

We accept **EFT, E-transfer** or **wire**.

Individual payment:

Send an **e-transfer** to accountsreceivable@ciro.ca. Upon receipt of the payment, the file copy will be provided.

Note: Only one fee is required to be paid for all jurisdictions.

DELIVERY METHOD

To be picked up by Requestor/authorized individual - please call when available. **Photo identification will be required.**
(to be completed if pick up is not by Requestor) - I authorize a copy of my Registration file be provided to:

Name of authorized individual: _____ Dealer Member: _____

Send via encrypted email to Dealer Member/Requestor at the following email address:

Dealer Member (if applicable): _____

Name of Email Recipient: _____ Email Address: _____

Send via registered mail to Requestor as indicated in the "Requestor Information" section above.

CERTIFICATION

I, the Requestor, request and authorize the release of this file copy as instructed above. I authorize electronic submission of this form.

Signature: _____ Date: _____