

**Proposed Form 33-109F7 –  
Notice of Reinstatement  
of Registered Individuals and Permitted Individuals**

**You are only permitted to use this form if, since leaving your former sponsoring firm, there have been no changes to the information you previously provided in respect of Items 13 (Regulatory Disclosure), 14 (Criminal Disclosure), 15 (Civil Disclosure) and 16 (Financial Disclosure) of your Form 33-109F4.**

In this form, “you”, “your” and “applicant” means the person who is submitting this form.

“Former sponsoring firm” means the registered firm where you most recently carried out duties as a registered or permitted individual.

“New sponsoring firm” means the registered firm where you will commence carrying out duties as a registered or permitted individual upon the transfer of your registration.

Several terms used in this form are defined in the Form 33-109F4 – *Application for registration of individuals and review of permitted individuals* that you submitted when first becoming registered or elsewhere in the securities legislation of your province or territory. Please refer to those definitions.

*[Online version]* If you have questions, please contact an authorized officer of your sponsoring firm or a legal adviser, or visit the national registration database (NRD) information website at [www.nrd-info.ca](http://www.nrd-info.ca).

*[Paper version]* Complete this form if you are relying on the temporary hardship exemption in NI 31-102. Otherwise, complete and submit this form online at the national registration database (NRD) website at [www.nrd.ca](http://www.nrd.ca).

Failure to answer all applicable questions may cause delays in the processing of the application.

**Item 1 – Name**

**1. NRD number:** \_\_\_\_\_

**2. Legal name**

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Last Name                      First Name                      Second Name (N/A )                      Third Name (N/A )

**3. Date of Birth (YYYY/MM/DD):** \_\_\_\_\_

**4. Business names** \_\_\_\_\_

Are you currently operating under or carrying on business under any name (e.g., trade names, team names) other than the name(s) mentioned above, or do you intend to do so?

Yes  No

If “yes”, complete Schedule A

**Item 2 - Address and Agent for Service**

**1. Address for service**

You must have one address for service in each province or territory where you are submitting this form. A post office box is not an acceptable address for service. A residential address is acceptable. Complete Schedule B for each additional address for service you are providing.

Address for service: \_\_\_\_\_  
number, street

\_\_\_\_\_  
city, province or territory, postal code

Telephone number \_\_\_\_\_ Fax number, if applicable \_\_\_\_\_

E-mail address, if available \_\_\_\_\_

**2. Agent for service**

If you have appointed an agent for service, provide the following information for the agent in each province or territory where you have an agent for service. The address of your agent for service must be the same as the address for service above. If your agent for service is a firm, also provide the name of your contact person.

Name for agent for service: \_\_\_\_\_

Contact person: \_\_\_\_\_  
Last name, First name

**Item 3 – Passport/National Registration System**

Is this submission being filed under Passport/National Registration System

Yes  No

**Item 4 – Registration Jurisdictions**

Indicate, by checking the appropriate box, each province or territory to which you are submitting this form:

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Québec
- Saskatchewan
- Yukon

**Item 5 – Individual Categories**

Indicate, by checking the appropriate box in Schedule C, each registration category for which you are being reinstated. If you are a permitted individual, indicate each category that describes your position with your sponsoring firm.

**Item 6 – Previous Employment**

Provide the following information for your former sponsoring firm.

Name: \_\_\_\_\_

NRD location number: \_\_\_\_\_

Date on which you ceased to be authorized to act on behalf of your former sponsoring firm as a registered individual or permitted individual (YYYY/MM/DD): \_\_\_\_\_

The reason why you left your former sponsoring firm: \_\_\_\_\_

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**Item 7 – Resignations and Terminations**

Did you resign or were you terminated or discharged by your former sponsoring firm for just cause following allegations that you:

a) Violated any statutes, regulations, rules or standards of conduct?

Yes  No

If “Yes”, complete Schedule D

b) Failed to supervise compliance with any statutes, regulations, rules or standards of conduct?

Yes  No

c) Committed fraud or the wrongful taking of property, including theft?

Yes  No

If “Yes”, complete Schedule D

**Item 8 – New Sponsoring Firm and Other Business or Employment**

Name of your new sponsoring firm: \_\_\_\_\_

On Schedule E, provide the information requested for your employment activities with your new sponsoring firm and, if applicable, your other business or employment activities.

**Item 9 – Location of Employment**

Provide the following information for your new sponsoring firm. If you will be working out of more than one location, provide the following information for the location out of which you will be doing most of your business.

NRD location number: \_\_\_\_\_

Unique Identification Number (optional) \_\_\_\_\_

Branch Transit number/Cost Centre number, if applicable: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_  
(number, street, city, province, territory or state, country, postal code)

Telephone number ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_

*[The following is for the paper version only]*

Type of Location:     Head Office         Branch         Sub-branch

Name of Branch Manager: \_\_\_\_\_

Effective date: \_\_\_\_\_

Check here if the mailing address of the location is the same as the business address provided above. Otherwise, complete the following:

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
(number, street, city, province, territory or state, country, postal code)

Date on which you will become authorized to act on behalf of the firm as a registered individual or permitted individual (YYYY/MM/DD): \_\_\_\_\_

### **Item 10 – Ownership of Securities Firms**

Are you now, or have you ever been, a partner or major shareholder of any firm (including your sponsoring firm) whose business is trading in or advising on securities or derivatives?

Yes            No   

If “Yes”, complete Schedule F

#### **Acknowledgements etc.**

By submitting this form, you acknowledge that the submission to jurisdiction, consent to collection and use of personal information, and authorization in respect of SROs (to the extent applicable) that you provided in your Form 33-109F4 remain in effect and extend to this form.

You acknowledge that you are required to notify the regulator of changes to any information previously submitted in Form 33-109F4 and confirm that as of the date of

submitting this form, there is no unreported change to my Form 33-109F4 information. Confirm, by checking the boxes, there has been no change to the following disclosure items:

- Regulatory disclosure
- Criminal disclosure
- Civil disclosure
- Financial disclosure

You further acknowledge and agree that if you are applying for reinstatement of your registration and it was subject to any undischarged terms and conditions when you left your former sponsoring firm, those terms and conditions will remain in effect at your new sponsoring firm.

**It is an offence under securities and/or derivatives legislation to provide false or misleading information on this form.**

*[Online version]*

**Certification**

- I am making this submission as agent for the applicant. By checking this box, I certify that the applicant provided me with all of the information on this form.

*[Paper version]*

**Signatures** \_\_\_\_\_

**Applicant** \_\_\_\_\_

By signing below, you confirm that:

- you have read and understand the questions in this form
- you understand that it is an offence under the securities and/or derivatives legislation to provide false or misleading information on this form
- all of the information provided on this form is true.

Signature of applicant \_\_\_\_\_

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

**New sponsoring firm by an authorized partner or officer**

By signing below, you confirm that:

- the applicant will be engaged by the new sponsoring firm as a registered individual or a permitted individual
- you have discussed the questions set out in this form with the applicant and are satisfied that he or she fully understands the questions
- the new sponsoring firm acknowledges and agrees that if the individual is applying for reinstatement of his or her registration and it was subject to any undischarged terms and conditions when the individual left the former sponsoring firm, those terms and conditions will remain in effect and the new sponsoring firm will assume any ongoing obligations that apply to the sponsoring firm of the registrant under those terms and conditions.

Name of firm \_\_\_\_\_

Name of authorized signing officer \_\_\_\_\_

Title of authorized signing officer \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date signed \_\_\_\_\_  
(YYYY/MM/DD)



**Schedule B**  
**Address and Agent for Service**

**1. Address for service**

You must have one address for service in each province or territory in which you are now, or are applying to become, a registered individual or permitted individual. A post office box is not an acceptable address for service.

Address for service: \_\_\_\_\_

\_\_\_\_\_  
(number, street, city, province or territory, postal code)

Telephone number (    ) \_\_\_\_\_ Fax number (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. Agent for service**

If you have appointed an agent for service, provide the following information for the agent. The address for service provided above must be the address of the agent named below.

Name of agent for service (*if applicable*): \_\_\_\_\_

Contact person: \_\_\_\_\_  
Last name First name

## **Schedule C Individual Categories**

### **Categories**

Indicate, by checking the appropriate box, each category for which you are applying.

### **Firm Categories Common to all Jurisdictions**

#### **Under which firm category(ies) are you applying?**

- Investment Dealer
- Mutual Fund Dealer
- Scholarship Plan Dealer
- Exempt Market Dealer
- Restricted Dealer
- Portfolio Manager
- Restricted Portfolio Manager
- Investment Fund Manager

### **Registration Categories and Permitted Activities**

- Dealing Representative
- Advising Representative
- Associate Advising Representative
- Ultimate Designated Person
- Chief Compliance Officer
- Officer
- Director
- Partner
- Shareholder
- Branch Manager (MFDA members only)
- Supervisor (IDA members only)

### **Firm Categories Unique to Ontario**

#### **Under which firm category(ies) are you applying?**

- Commodity Trading Adviser
- Commodity Trading Counsel
- Commodity Trading Manager
- Futures Commission Merchant

### **Registration Categories and Permitted Activities**

- Advising Representative
- Salesperson
- Branch Manager
- Officer
- Director
- Partner
- Shareholder
- Supervisor (IDA members only)

### **Firm Categories Unique to Manitoba**

#### **Under which firm category(ies) are you applying?**

- Dealer (Merchant)
- Dealer (Futures Commission Merchant)
- Dealer (Floor Broker)
- Adviser

### **Registration Categories and Permitted Activities**

- Floor Trader
- Floor Broker
- Salesperson
- Branch Manager
- Adviser
- Officer
- Director
- Partner
- Supervisor (IDA members only)

### **Investment Dealers Association of Canada – Additional Information**

#### **Approval Categories**

- Executive
- Director (Non-Industry)
- Supervisor
- Investor
- Registered Representative
- Investment Representative
- Trader

**Designated Persons**

- Chief Compliance Officer
- Chief Financial Officer
- Ultimate Designated Person
- Designated Registered Options Principal
- Designated Registered Futures Options Principal

**Trading Activity**

- Non-Trading
- Equities
- Options
- Futures
- Mutual Funds only
- Portfolio Management
- Portfolio Management (Supervised)

**Account Type**

- Retail
- Non-Retail
- Not Applicable

**Schedule D**  
**Resignations and Terminations**

a) For each allegation that you violated statutes, regulations, rules or standards of conduct, indicate below the circumstances relating to your resignation, termination or discharge for just cause.

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b) For each allegation that you failed to supervise compliance with statutes, regulations, rules or standards of conduct, indicate below the circumstances relating to your resignation, termination or discharge for just cause.

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c) For each allegation that you committed fraud or the wrongful taking of property, including theft, indicate below the circumstances relating to your resignation, termination or discharge for just cause.

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**Schedule E**  
**New Sponsoring Firm and Other Business or Employment**

*[Online version]*

Check here if your employment is with your new sponsoring firm. If not, you are required to provide the firm name and address information:

Name of business or employer: \_\_\_\_\_

Address of business or employer: \_\_\_\_\_

\_\_\_\_\_  
(number, street, city, province, territory or state, country)

Name and title of your immediate supervisor: \_\_\_\_\_

For your sponsoring firm, include the duties you currently perform and intend to perform.

\_\_\_\_\_  
Describe all other employment or business activities related to this employer or business, whether or not the activities are related to investments. Include the nature of the business, your duties, start date, title or relationship with the business (including director or officer positions).

\_\_\_\_\_  
Indicate the number of hours per week you will be devoting to this business or employment. \_\_\_\_\_

Check here if you are working more than 30 hours per week for the sponsoring firm. Otherwise, explain why you are working less than 30 hours per week for the sponsoring firm.

\_\_\_\_\_  
Disclose any potential for confusion by clients and any potential for conflicts of interest arising from your proposed activities as a registrant with affiliated or unaffiliated sponsoring firm(s) and with the other business described above (include whether the other business is listed on an exchange). Confirm whether the firm has procedures for minimizing potential conflicts of interest and confirm that you are aware of these procedures.

\_\_\_\_\_  
\_\_\_\_\_

*[Paper version]*

For your new sponsoring firm, provide the following information:

Address of head office: \_\_\_\_\_

\_\_\_\_\_  
(number, street, city, province, territory or state, country)

Name and title of your immediate supervisor: \_\_\_\_\_

The duties you intend to perform: \_\_\_\_\_

\_\_\_\_\_  
Will you be working more than 30 hours per week for your new sponsoring firm? If not, explain why: \_\_\_\_\_

Will you be working for any other employer or engaged in any other business activities? If so, provide the following information for each other employer or business:

Name of business or employer: \_\_\_\_\_

Address of business or employer: \_\_\_\_\_

\_\_\_\_\_  
(number, street, city, province, territory or state, country)

Name and title of your immediate supervisor: \_\_\_\_\_

The duties you currently perform and intend to perform. \_\_\_\_\_

\_\_\_\_\_  
Describe all employment or business activities related to this employer or business, whether or not the activities are related to investments. Include the nature of the business, your duties, start date, title or relationship with the business (including director or officer positions): \_\_\_\_\_

\_\_\_\_\_  
Indicate the number of hours per week you will be devoting to this business or employment. \_\_\_\_\_

Disclose any potential for confusion by clients and any potential for conflicts of interest arising from your activities as a registrant with affiliated or unaffiliated sponsoring firm(s) and with the other employment or business described above (include whether the other employment or business is listed on an exchange). Confirm whether the firm has procedures for minimizing potential conflicts of interest and confirm that you are aware of these procedures.

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**Schedule F**  
**Ownership of Securities Firms**

Provide details of ownership that include class, voting percentage, type and number of shares:

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