

**FORM 33-109F7  
REINSTATEMENT  
OF REGISTERED INDIVIDUALS AND PERMITTED INDIVIDUALS  
(sections 2.3(2) and 2.5(2))**

**GENERAL INSTRUCTIONS**

Complete and submit this form to the relevant regulator(s) or in Québec, the securities regulatory authority, or self-regulatory organization (SRO) if an individual has left a sponsoring firm and is seeking to reinstate their registration in the same category or reinstate their same status of permitted individual as before with a sponsoring firm. You only need to complete and submit one form regardless of the number of registration categories or permitted individual statuses you are seeking to be reinstated in.

An individual may reinstate their registration or permitted individual status by submitting this form. This form may only be used if all of the following apply:

1. this form is submitted on or before three months after the termination date of the individual's employment, partnership or agency relationship with the individual's former sponsoring firm,
2. there have been no changes to the information previously submitted in respect of Items 13 (Regulatory Disclosure), 14 (Criminal Disclosure), 15 (Civil Disclosure) and 16 (Financial Disclosure) of the individual's Form 33-109F4 since the individual left their former sponsoring firm, and
3. the individual's employment, partnership or agency relationship with their former sponsoring firm did not end because the individual was dismissed, or was asked by the firm to resign, following an allegation against the individual of criminal activity, a breach of securities legislation, or a breach of the rules of an SRO.

If you do not meet all of the above conditions then you must apply for reinstatement by completing on NRD a Form 33-109F4 by making the NRD submission entitled 'Reactivation of Registration'.

**Terms**

In this form, "you", "your" and "individual" means the individual who is seeking to reinstate their registration.

"former sponsoring firm" means the registered firm where you most recently carried out duties as a registered or permitted individual.

"major shareholder" and "shareholder" mean a shareholder who, in total, directly or indirectly owns voting securities carrying 10 per cent or more of the votes carried by all outstanding voting securities.

"new sponsoring firm" means the registered firm where you will begin carrying out duties as a registered or permitted individual when your registration or permitted individual status is reinstated.

Several terms used in this form are defined in the Form 33-109F4 [*Registration of Individuals and Review of Permitted Individuals*] that you submitted when you first became registered or elsewhere in the securities legislation of your province or territory. Please refer to those definitions.

**How to submit this form**

***NRD format***

Submit this form at the National Registration Database (NRD) website in NRD format at [www.nrd.ca](http://www.nrd.ca). If you have any questions, contact the compliance, registration or legal department of the new sponsoring firm or a legal adviser, or visit the NRD information website at [www.nrd-info.ca](http://www.nrd-info.ca).

***Format, other than NRD format***

If you are relying on the temporary hardship exemption in section 5.1 of National Instrument 31-102 *National Registration Database*, you may submit this form in a format other than NRD format.

If you need more space, use a separate sheet of paper. Clearly identify the Item and question number. Complete and sign the form, and send it to the relevant regulator(s) or, in Québec, the securities regulatory authority, SRO (s) or similar authority. The number of originally signed copies of the form you are required to submit depends on the province or territory, and on the regulator, the securities regulatory authority or SRO.

To avoid delays in processing this form, be sure to answer all of the items that apply to you. If you have questions, contact the compliance, registration or legal department of the new sponsoring firm or a legal adviser, or visit the National Registration Database information website at [www.nrd-info.ca](http://www.nrd-info.ca).

**Item 1 Name**

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

2. **Legal name**

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Last name	First name	Second name (N/A <input type="checkbox"/> )	Third name (N/A <input type="checkbox"/> )
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3. **Date of birth** (YYYY/MM/DD):

4. **Use of other names**

Are you currently using, or have you ever used, operated under, or carried on business under, a name other than the name(s) mentioned above (for example, trade names for sole proprietorships or team names)?

Yes  No

If "yes", complete Schedule A.

**Item 2 Number of jurisdictions**

1. Are you seeking to reinstate your registration or permitted individual status in more than one jurisdiction of Canada?

Yes  No

2. Check each province or territory in which you are seeking reinstatement of registration or reinstatement as a permitted individual:

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

**Item 3 Individual categories**

1. On Schedule B, check each category for which you are seeking to reinstate your registration or permitted individual status. If you are seeking reinstatement of status as a permitted individual, check each category that describes your position with your new sponsoring firm.

2. If you are seeking reinstatement as a representative of a mutual fund dealer or of a scholarship plan dealer in Québec, are you covered by your new sponsoring firm's professional liability insurance?

Yes  No

If "No", state:

The name of your insurer \_\_\_\_\_

Your policy number \_\_\_\_\_

**Item 4 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 residential or business address is acceptable. A post office box is not acceptable. Complete Schedule C 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 not an individual, provide the name of your contact person.

Name of agent for service:

\_\_\_\_\_

Contact person:

\_\_\_\_\_

Last name, First name

**Item 5 Location of employment**

1. 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.

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

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

Business address:

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

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

2. If the new sponsoring firm has a foreign head office, and/or you are not a resident of Canada, provide the address for the location in which you will be conducting business.

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

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

*[The following under #3 "Type of location", #4 and #5 is for a Format other than NRD format only]*

3. Type of location:

- Head office       Branch or Business Location       Sub-branch

4. Name of branch manager: \_\_\_\_\_

5.  **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 new sponsoring firm as a registered individual or permitted individual

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

#### **Item 6 Previous employment**

Provide the following information for your former sponsoring firm.

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

Date on which you were no longer 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:

\_\_\_\_\_

#### **Item 7 Current employment, other business activities, officer positions held and directorships**

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

Complete a separate Schedule D for each of your current business and employment activities, including employment and business activities with your new sponsoring firm and any employment and business activities outside your new sponsoring firm. Also include all business related officer or director positions and any other equivalent positions held, whether you receive compensation or not.

#### **Item 8 Ownership of securities in new sponsoring firm**

Are you a partner or major shareholder of your new sponsoring firm?

Yes  No

If "Yes", complete Schedule E.

#### **Item 9 Confirm permanent record**

1. Check the appropriate box to indicate that, since leaving your former sponsoring firm, there has been a change to any information previously submitted for the items of your Form 33-109F4 that are listed below.

Regulatory disclosure (Item 13)

Criminal disclosure (Item 14)

Civil disclosure (Item 15)

Financial disclosure (Item 16)

2. Check the box below - ***I am eligible to file this Form 33-109F7, only*** if you satisfy both of the following conditions:

(a) there are no changes to any of the disclosure items under Item 9.1 above, and

(b) your employment, partnership or agency relationship with your former sponsoring firm did not end because you were asked by the firm to resign, or were dismissed, following an allegation against you of

- criminal activity,
- a breach of securities legislation, or
- a breach of the rules of an SRO.

If you do not meet the above conditions for selecting the box '*I am eligible to file this Form 33-109F7*', then you must apply for reinstatement by completing on NRD a Form 33-109F4 by making the NRD submission entitled '**Reactivation of Registration**'. If you are submitting a Form 33-109F4 in a format other than NRD format you must complete the entire form.

I am eligible to file this Form 33-109F7.

#### **Item 10 Acknowledgements, submission to jurisdiction and notice of collection and use of personal information**

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
- consent to the collection and disclosure of your personal information by regulators and by your sponsoring firm, in each case, for registration and other related regulatory purposes.

If you have any questions about the collection and use of your personal information, contact the securities regulatory authority or applicable SRO in the relevant jurisdiction. See Schedule F for details. In Québec, you can also contact the Commission d'accès à l'information at 1-888-528-7741 or visit its website at [www.cai.gouv.qc.ca](http://www.cai.gouv.qc.ca).

You acknowledge and agree that if you are seeking 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.

#### **Item 11 Warning**

**It is an offence under securities legislation and/or derivatives legislation, including commodity futures legislation, to give false or misleading information on this form.**

#### **Item 12 Certification**

##### **1. Certification - NRD format:**

I confirm I have discussed the questions in this form with an officer, branch manager or supervisor of my sponsoring firm. To the best of my knowledge, the officer, branch manager or supervisor was satisfied that I fully understood the questions. I will limit my activities to those permitted by my category of registration.

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

##### **2. Certification - Format other than NRD format:**

###### **Individual**

By signing below, I certify to the regulator, or in Québec the securities regulatory authority, in each jurisdiction where I am submitting this form, either directly or through the principal regulator that:

- I have read the form and understand the questions, and
- all of the information provided on this form is true, and complete.

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

**Authorized partner or officer of the new sponsoring firm**

By signing below, I certify to the regulator, or in Québec the securities regulatory authority, in each jurisdiction where I am submitting this form for the individual that:

- the individual will be engaged by the new sponsoring firm as a registered individual or a permitted individual
- I have, or a branch manager or another officer or supervisor has, discussed the questions set out in this form with the individual and, to the best of my knowledge, the individual fully understands the questions, and
- the new sponsoring firm understands that if the individual's reinstatement of registration was subject to any undischarged terms and conditions when the individual left their former sponsoring firm, those terms and conditions remain in effect and agrees to assume any ongoing obligations that apply to the sponsoring firm in respect of the individual under those terms and conditions.

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

Name of authorized signing officer or partner \_\_\_\_\_

Title of authorized signing officer or partner \_\_\_\_\_

Signature of authorized signing officer or partner \_\_\_\_\_

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

**SCHEDULE A**  
**Use of other names (Item 1.4)**

**Item 1.4 Use of other names**

**Name 1:**

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

Provide the reasons for the use of this other name (for example, trade name or team name)?: \_\_\_\_\_

If this other name is or was used in connection with any sponsoring firm, did the sponsoring firm approve the use of the name?

Yes  No

When did you use this name?

From:

To:

\_\_\_\_\_  
(YYYY/MM)

\_\_\_\_\_  
(YYYY/MM)

**Name 2:**

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

Provide the reasons for the use of this other name (for example, trade name or team name):

If this other name is or was used in connection with any sponsoring firm, did the sponsoring firm approve the use of the name?

Yes  No

When did you use this name?

From:

To:

\_\_\_\_\_  
(YYYY/MM)

\_\_\_\_\_  
(YYYY/MM)

**Name 3:**

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

Provide the reasons for the use of this other name (for example, trade name or team name):

If this other name is or was used in connection with any sponsoring firm, did the sponsoring firm approve the use of the name?

Yes  No

When did you use this name?

From:

To:

\_\_\_\_\_  
(YYYY/MM)

\_\_\_\_\_  
(YYYY/MM)

**SCHEDULE B**  
**Individual Categories (Item 3)**

Check each category for which you are seeking reinstatement of registration, approval or permitted individual status

**Categories Common to all jurisdictions under securities legislation**

***Firm categories [Format other than NRD format only]***

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

***Individual categories and permitted activities***

- Dealing Representative
- Advising Representative
- Associate Advising Representative
- Ultimate Designated Person
- Chief Compliance Officer
- Officer – Specify title:
  - Director
  - Partner
  - Shareholder
  - Branch Manager (MFDA members only)
  - IIROC approval only

**Investment Industry Regulatory Organization of Canada**

***Approval categories***

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

Trader

***Additional approval categories***

Chief Compliance Officer

Chief Financial Officer

Ultimate Designated Person

***Products***

Non-Trading

Securities

Options

Futures Contracts and Futures Contract Options

Mutual Funds only

***Customer type***

Retail

Institutional

Not Applicable

***Portfolio management***

Portfolio Management

**Categories under local commodity futures and derivatives legislation**

**Ontario**

***Firm categories***

Commodity Trading Adviser

Commodity Trading Counsel

Commodity Trading Manager

Futures Commission Merchant

***Individual categories and permitted activities***

Advising Representative

Salesperson

Branch Manager

Officer – Specify title:

Director

Partner

Shareholder

IIROC approval only

**Manitoba**

***Firm categories***

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

***Individual categories and permitted activities***

- Floor Trader
- Salesperson
- Branch Manager
- Adviser
- Officer – Specify title
- Director
- Partner
- Futures Contracts Portfolio Manager
- Associate Futures Contracts Portfolio Manager
- IIROC approval only
- Local

**Québec – activities relating to derivatives**

***For information purposes, indicate whether you will carry on activities as a representative of:***

- An Investment Dealer Acting as a Derivatives dealer
- A Portfolio Manager Acting as a Derivatives portfolio manager



**SCHEDULE D**  
**Current employment, other business activities, officer positions held and directorships**  
**(Item 7)**

Complete a separate Schedule E for each of your current business and employment activities with your sponsoring firm and with all other organizations. This includes any business related officer or director positions held, or any other equivalent positions held, whether you receive compensation or not.

**1. Start date**

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

**2. Firm information**

Check here if this activity is employment with your sponsoring firm.

If the activity is with your sponsoring firm, you are not required to indicate the firm name and address information below:

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: \_\_\_\_\_

**3. Description of duties**

Describe all employment and business activities related to this employer. Include the nature of the business and your duties, title or relationship with the business. If you are seeking registration that requires specific experience, include details with this firm such as level of responsibility, value of accounts under direct supervision, number of years of experience, and percentage of time spent on each activity.

\_\_\_\_\_

**4. Number of work hours per week**

How many hours per week do you devote to this business or employment? \_\_\_\_\_

If this activity is employment with your sponsoring firm and you work less than 30 hours per week, explain why.

\_\_\_\_\_

**5. Conflict of Interest**

If you have more than one employer or are engaged in business related activities, disclose any potential for confusion by clients and any potential for conflicts of interest arising from your multiple employment or business related activities or proposed business related activities. Include whether or not any of your employers or organizations where you engage in business related activities are listed on an exchange. Confirm whether the firm has procedures for minimizing potential conflicts of interest and if so, confirm that you are aware of these procedures.

If you do not perceive any conflicts of interest arising from this employment, explain why.

\_\_\_\_\_

**SCHEDULE E**  
**Ownership of securities and derivatives firms (Item 8)**

Firm name: \_\_\_\_\_

What is your relationship to the firm? Partner  Major shareholder

What is the period of this relationship?

From: \_\_\_\_\_ To: \_\_\_\_\_ (if applicable)  
(YYYY/MM) (YYYY/MM)

Provide the following information:

a) State the number, value, class and percentage of securities, or the amount of partnership interest you own or propose to acquire when you are reinstated or approved as a result of the review of this form. If acquiring shares when you are so approved or registered, state the source (for example, treasury shares, or if upon transfer, state name of transferor).  
\_\_\_\_\_

b) State the market value (approximate, if necessary) of any subordinated debentures or bonds of the firm to be held by you or any other subordinated loan to be made by you to the firm:  
\_\_\_\_\_

c) If another person or firm has provided you with funds to invest in the firm, provide the name of the person or firm and state the relationship between you and that person or firm:  
\_\_\_\_\_

d) Are the funds to be invested (or proposed to be invested) guaranteed directly or indirectly by any person or firm?

Yes  No

If "Yes", provide the name of the person or firm and state the relationship between you and that person or firm:  
\_\_\_\_\_

e) Have you directly or indirectly given up any rights relating to these securities or this partnership interest, or do you, when you are registered or approved as a result of the review of this form, intend to give up any of these rights (including by hypothecation, pledging or depositing as collateral the securities or partnership interest with any firm or person)?

Yes  No

If "Yes", provide the name of the person or firm, state the relationship between you and that person or firm and describe the rights that have been or will be given up:  
\_\_\_\_\_

f) Is a person other than you the beneficial owner of the shares, bonds, debentures, partnership units or notes held by you?

Yes  No

If "Yes", complete (g), (h) and (i).

g) Name of beneficial owner:

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Last name	First name	Second name <i>(if applicable)</i>	Third name <i>(if applicable)</i>
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h) Residential address:

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

i) Occupation:

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**SCHEDULE F**  
**Contact information for**  
**Notice of collection and use of personal information**

**Alberta**

Alberta Securities Commission,  
4th Floor, 300 - 5th Avenue SW  
Calgary, AB T2P 3C4  
Attention: Information Officer  
Telephone: (403) 355-4151

**British Columbia**

British Columbia Securities Commission  
P.O. Box 10142, Pacific Centre  
701 West Georgia Street  
Vancouver, BC V7Y 1L2  
Attention: Freedom of Information Officer  
Telephone: (604) 899-6500 or (800) 373-6393 (in BC)

**Manitoba**

The Manitoba Securities Commission  
500 - 400 St. Mary Avenue  
Winnipeg, MB R3C 4K5  
Attention: Director of Registrations  
Telephone (204) 945-2548  
Fax (204) 945-0330

**New Brunswick**

New Brunswick Securities Commission  
Suite 300, 85 Charlotte Street  
Saint John, NB E2L 2J2  
Attention: Director, Regulatory Affairs  
Telephone: (506) 658-3060

**Newfoundland and Labrador**

Securities NL  
Financial Services Regulation Division  
Department of Government Services  
P.O. Box 8700, 2nd Floor, West Block  
Confederation Building  
St. John's, NL A1B 4J6  
Attention: Manager of Registrations  
Telephone: (709) 729-5661

**Nova Scotia**

Nova Scotia Securities Commission  
2nd Floor, Joseph Howe Building  
1690 Hollis Street  
P.O. Box 458  
Halifax, NS B3J 2P8  
Attention: Deputy Director, Capital Markets  
Telephone: (902) 424-7768

**Northwest Territories**

Government of the Northwest Territories  
P.O. Box 1320  
Yellowknife, NWT X1A 2L9  
Attention: Deputy Superintendent of Securities  
Telephone: (867) 920-8984

**Nunavut**

Legal Registries Division  
Department of Justice  
Government of Nunavut  
P.O. Box 1000 Station 570  
Iqaluit, NU X0A 0H0  
Attention: Deputy Registrar of Securities  
Telephone: (867) 975-6590

**Ontario**

Ontario Securities Commission  
Suite 1903, Box 55  
20 Queen Street West  
Toronto, ON M5H 3S8  
Attention: FOI Coordinator  
Telephone: (416) 593-8314

**Prince Edward Island**

Securities Registry  
Office of the Attorney General B Consumer, Corporate  
and  
Insurance Services Division  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
Attention: Deputy Registrar of Securities  
Telephone: (902) 368-6288

**Québec**

Autorité des marchés financiers  
800, square Victoria, 22e étage  
C.P. 246, tour de la Bourse  
Montréal (Québec) H4Z 1G3  
Attention: Responsable de l'accès à l'information  
Telephone: (514) 395-0337 or (877) 525-0337  
(in Québec)

**Saskatchewan**

Saskatchewan Financial Services Commission  
Suite 601, 1919 Saskatchewan Drive  
Regina, SK S4P 4H2  
Attention: Director  
Telephone: (306) 787-5842

**Yukon**

Yukon Securities Office  
Department of Community Services  
P.O. Box 2703 C-6  
Whitehorse, YT Y1A 2C6  
Attention: Superintendent of Securities  
Telephone: (867) 667-5225

**Self-regulatory organization**

Investment Industry Regulatory Organization of Canada  
121 King Street West, Suite 1600  
Toronto, Ontario M5H 3T9  
Attention: Privacy Officer  
Telephone: (416) 364-6133  
E-mail: PrivacyOfficer@iroc.ca