



CIRO · OCRI

Canadian Investment
Regulatory
Organization

Organisme canadien
de réglementation
des investissements

HEARING DATE REQUEST

Please complete and e-mail this form to the Hearing Office at Hearings@ciro.ca

Commencing Notice:

Appearance Date:

Requested Method of Hearing:

If other, specify:

Requested by:

Name of Counsel:

Name of Respondent:

Address:

Phone number:

Email:

If individual, name of current Dealer Member employed with:

Is Respondent represented by Counsel?

Name of Counsel:

Address:

Phone number:

Email:

Registration History: Please specify dates, firm and location

Hearing location:

If other, enter location:

Hearing duration
(days, including ½ days or hours, if requesting an initial appearance)

Language requirements:

Requested Expertise:

Investment Dealer Rules

Mutual Fund Dealer Rules

UMIR

Supervision experience (branch or individual)

Margin

Cryptocurrency

Suggested dates:

1.

2.

3.

Number of attendees:

Is there a related discipline matter?

If Yes, name of Respondent in related matter:

Type of related matter:

Hearing Date of related matter:

(Attach decision from related matter to Hearing Request, if available)

List additional individuals (e.g. other counsel, legal assistant or clerk, witnesses etc.) who will require access to Case Center for this matter. Please include email addresses.

**** Additional Comments ****