

Registration Record Request Form

GENERAL INSTRUCTIONS

This form is used to request a copy of a registration record for an individual who was or is registered with a dealer member over which the Canadian Investment Regulatory Organization (CIRO) exercises authority.

Please fill out all required fields and send this form via encrypted email to the CIRO office where the individual is or was registered.

- | | | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CIRO ONTARIO OFFICE
OntarioFilings@ciro.ca | <input type="checkbox"/> CIRO PACIFIC OFFICE
(BC, YT)
PacificFilings@ciro.ca | <input type="checkbox"/> CIRO PRAIRIE OFFICE
(AB, MB, SK, NT, NU)
PrarieFilings@ciro.ca | <input type="checkbox"/> CIRO QUEBEC OFFICE /
ATLANTIC OFFICE
QuebecFilings@ciro.ca
AtlanticFilings@ciro.ca |
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Please note that an individual seeking a copy of a Form 33-109F1 *Notice of End of Individual Registration or Permitted Individual Status* regarding the cessation of their registration status should request a copy of the form from their former sponsoring firm.

REQUESTOR INFORMATION

Last Name: _____

First Name: _____ Middle Name (if applicable): _____

Date of Birth: _____
(YY-MM-DD)

RESIDENTIAL ADDRESS

Street Name/Number: _____

City: _____ Province/Territory/State: _____

Postal/Zip Code: _____ Country: _____

Telephone Number: _____

DELIVERY METHODS

- Send via encrypted email to Dealer Member

Dealer Member Name: _____

Name of Email Recipient: _____ Email Address: _____

- Send to Requestor at the following email address: _____

CERTIFICATION

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

I consent to and authorize, directly and indirectly, the collection by CIRO of the personal information in this form. This information will principally be used to facilitate the retrieval of registration record information and may be used further to CIRO's regulatory mandate. Please contact rinquiries@ciro.ca should you have any questions regarding registration record requests and this collection.

Signature: _____

Date: _____