

Initial Notice
Amendment REAL File# _____ (Office use only)
Termination REAL File# _____ (Office use only)

**OFR FORM CAN
NOTICE FILING FOR CANADIAN BROKER- DEALER**

This form shall be filed through the Regulatory Enforcement and Licensing (REAL) System at <https://real.flofr.com>, accompanied by payment of a **\$200 (USD)** notice filing fee. This form may be completed and signed electronically (note: the completed form PDF file must first be saved to a disk drive prior to uploading it to the REAL System).

1(a). Full Name of Applicant: _____

1(b). Name under which business is conducted, if different from Item 1(a): _____

2. Principal Place of Business (Note: Post Office Box is not acceptable):

Street Address City, Province Zip

3. Mailing Address if different from above:

P.O. Box or Street Address City, Province Zip

4. Applicant's Telephone Number: _____

5. Contact Person: _____ Telephone Number: _____

6. Name of regulatory body: _____ Effective date of registration: _____

7. Name of SRO/stock exchange: _____ Effective date of registration: _____

The applicant, for the purposes of complying with the laws of the State of Florida relating to either the registration or sale of securities, as required by Chapter 517, Florida Statutes, hereby irrevocably appoints the Office of Financial Regulation and its successors, its attorney in the State of Florida upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with the sale of securities or out of violation of the aforesaid laws of said State; and the applicant does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said State by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said State and has lawfully been served with process in said State. It is requested that a copy of any notice, process, or pleading served hereunder, be mailed to the above designated contact person at the applicant's principal address, or mailing address if different.

The undersigned states that he/she has executed this form on behalf of, and with the authority of, said applicant. The undersigned and applicant represent that the information contained herein and other information filed herewith, all of which are made part hereof, is current, true and complete. The undersigned and applicant further represent that to the extent any information previously submitted is not amended, such information is currently accurate and complete.

If electing to sign this form with an electronic signature, the undersigned acknowledges that his/her electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes.

Name

Signature of Principal Date

Title