



# REGISTRATION AMENDMENT

CHANGE OF INDIVIDUAL OR INDIVIDUALS RESPONSIBLE FOR THE CLIENT

## CLIENT INFORMATION All fields marked \* are mandatory.

FIRST NAME\*

LAST NAME\*

CLIENT ID

DATE OF BIRTH (MM/DD/YEAR)\*

## INDIVIDUAL(S) RESPONSIBLE FOR CLIENT To be completed by the individual(s) responsible for the client. All fields marked with \* are mandatory.

FIRST NAME\*

LAST NAME\*

I, \_\_\_\_\_, attest that I am responsible for  
NAME OF RESPONSIBLE INDIVIDUAL

\_\_\_\_\_  
NAME OF CLIENT

SIGNATURE OF RESPONSIBLE INDIVIDUAL(S)

DATE (MM/DD/YEAR)\*

## SECOND RESPONSIBLE INDIVIDUAL (IF APPLICABLE)

FIRST NAME\*

LAST NAME\*

I, \_\_\_\_\_, attest that I am responsible for  
NAME OF RESPONSIBLE INDIVIDUAL

\_\_\_\_\_  
NAME OF CLIENT

SIGNATURE OF SECOND RESPONSIBLE INDIVIDUAL

DATE (MM/DD/YEAR)\*

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**ACKNOWLEDGEMENT OF CLIENT OR RESPONSIBLE INDIVIDUAL(S)**

- The client ordinarily resides in Canada.
- The information contained in this application is correct and complete.

SIGNATURE OF CLIENT\*

DATE (MM/DD/YEAR)\*

OR

SIGNATURE OF RESPONSIBLE INDIVIDUAL(S)

DATE (MM/DD/YEAR)\*

