

*THE COMMODITY FUTURES ACT*

Notice Of Change - Branch Office Closing  
(Subsection 32(1))



THE MANITOBA  
SECURITIES  
COMMISSION

1. Branch name \_\_\_\_\_  
Address (including postal code) \_\_\_\_\_  
Telephone number (    ) \_\_\_\_\_ - \_\_\_\_\_ fax number \_\_\_\_\_ - \_\_\_\_\_  
E-mail address \_\_\_\_\_
2. Effective date of closing \_\_\_\_\_
3. Name of former branch manager \_\_\_\_\_
4. Indicate on a separate attachment what will happen to all registered personnel.

DATED \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_ (name of futures commission merchant)

\_\_\_\_\_ (print name of partner or officer)

\_\_\_\_\_ (signature of futures commission merchant, partner or officer)

\_\_\_\_\_ (capacity)