

Saskatchewan Securities Commission

UNIFORM TERMINATION NOTICE

DATE OF TER	MINATION:	
NAME OF EMI	PLOYEE:	
NAME OF EMI	PLOYER:	
	(if sub-branch, so state)	
ADDRESS WF	IERE EMPLOYED:	
RESIDENTIAL	ADDRESS:	
TELEPHONE	NUMBER:	
PARTICULAR	S OF DISCONTINUANCE:	
VOLU	JNTARY Unsolicited DISMISSED FOR CAUSE Solicited by Member OTHER	
1.State reason	s for discontinuance:	
2.(a) To the be	est of the Firm's knowledge have there been any changes in the information given in questions 1	5
through 18 of t	he Uniform Application for Registration/Approval previously filed?	
(i) an	y offences under the law?	
(ii) ar	ny civil proceedings?	
(iii) a	ny action in bankruptcy or insolvency?	
(iv) a	ny judgments, garnishments or out-of-court settlements with clients in excess of \$5,000.00?	
(v) ar	ny investigation, disciplinary action or proceeding?	

2(b) Is the employee now, or during your employ, ever been the subject of:

(i) unresolved client complaints?

(ii) internal discipline or restrictions for violation of regulatory requirements?

2(c) Is the firm in possession of any information which would suggest that the employee has engaged in any conduct which contravenes regulatory requirements or is inconsistent with just and equitable principles of trade?

2(d) If "yes" to any of the above, give full particulars: _____

3(a) Are employee's accounts, or those controlled by employee, fully secured, margined or paid?

3(b) Are clients' accounts fully margined, secured or paid?

(i) If "No", indicate total number of undermargined or bad debt accounts in excess of \$5,000.00 and amounts (including those written off or charged to RR in past 12 months):

(ii) In the opinion of the firm, were undermargined or unsecured client accounts the result of bad business or credit practies on the part of the employee?

Provide particulars: _____

4(a) Has the employee seen the Uniform Termination Notice?

 4(b) If employee's signature not obtained, state reasons:

I am satisfied that the information contained in this Uniform Termiantion Notice reflects the knowledge of the employee's supervisors and the firm's management.

Date

Signature of Authorized Person

Position Held

Name of Authorized Person (Please Print)

I have reviewed this Uniform Termination Notice and do/do not agree with the information contained therein.

Provide particulars :

Date

Signature of Employee