

UNIFORM TERMINATION NOTICE

DATE OF TERMINATION: _____

NAME OF EMPLOYEE: _____

NAME OF EMPLOYER: _____

ADDRESS WHERE EMPLOYED (If sub-branch, so state): _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NUMBER: _____

PARTICULARS OF DISCONTINUANCE :

- | | | | | |
|-----------|--------------------------|-----------------------|---------------------|--------------------------|
| VOLUNTARY | <input type="checkbox"/> | UNSOLICITED | DISMISSED FOR CAUSE | <input type="checkbox"/> |
| | <input type="checkbox"/> | SOLICITED BY THE FIRM | OTHER | <input type="checkbox"/> |

1. State reason for discontinuance:

2. (a) To the best of the Firm’s knowledge, have there been any changes in the information given in questions 15 through 18 of the Uniform Application for Registration/Approval previously filed?

(i) Any offences under the law?

(ii) Any civil proceedings?

(iii) Any action in bankruptcy or insolvency?

(iv) Any judgements, garnishments or out-of-court settlements with clients in excess of \$5,000.00?

(v) Any investigation, disciplinary action or proceeding?

(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?

(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?

(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?

(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 practices on the part of the employee?

Provide particulars:

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

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

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

Date

Signature of Partner, Director or Officer

Position held

Name of Partner, Director or Officer

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

AGREE

DO NOT AGREE

Provide particulars:

Date

Signature of Employee