

Please complete form in full. Incomplete forms will be returned and your renewal could be in jeopardy.

Advisor Contact Information		
Advisor Last Name	Advisor First Name	Dealer/Rep Code
Business Address		Suite
City	Province	Postal Code
Phone Number	Cell Number	Fax Number
Email	Phone Number	Website
Home Address		Suite
City	Province	Postal Code

Yes	No	Confirmation of Registration and E & O Information
<input type="checkbox"/>	<input type="checkbox"/>	<p>Have there been any changes to your registration during the past 12 months? (i.e. Business or Residence Address, Garnishments, Judgments, Bankruptcy, Civil Claims, Regulatory Discipline, Criminal Offences, Licenses (other than mutual funds), Designations, Industry Courses, Employment Activities). If yes, provide details below:</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/>	<input type="checkbox"/>	E & O in good order?
<input type="checkbox"/>	<input type="checkbox"/>	E & O through HUB Financial Program? If no, provide details below:
		_____
		_____

**Yes | No**    **Confirmation of Outside Activities, Trade Names, Business Names, Referrals**

       Do you get paid for any Outside Business Activities? (i.e. Life and/or General Insurance, Income Tax Preparation, Mortgage Broker/Agent, etc.) If yes, provide details below:

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       Do you volunteer for any organization, company or charity? If yes, provide details below:

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**Yes | No**    **Referral Arrangements**

       Do you participate in any referral arrangements? If yes, provide details below:

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**Yes | No**    **Use of Business and Trade Names**

       Do you use a trade name (for mutual funds)? If yes, provide details below:

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       Do you use a business name (for insurance or other outside business activities)? If yes, provide details below:

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**Yes | No Use of Social Media**

Do you hold any social media/networking accounts for business use ( i.e. Website, Facebook, Twitter, Linked-in, etc.)?

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**Yes | No Confirmation of Business Conduct**

Have you had any client complaints in the last 12 months? If yes, provide details below:

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Have you provided any statements to clients that are NOT generated by RepVision. If yes, provide details below:

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Do you now, or have you in the past had any personal financial dealings or other dealings with clients that could give rise to a conflict of interest? If yes, provide details below:

- |  |   |
|--|---|
| <input type="checkbox"/> Investment in client owned business           | <input type="checkbox"/> Client investment in your business |
| <input type="checkbox"/> Loaned money to a client                      | <input type="checkbox"/> Borrowed money from a client       |
| <input type="checkbox"/> Power of Attorney for client                  | <input type="checkbox"/> Named executor for a client        |
| <input type="checkbox"/> Money or non-monetary benefit to/ from client | <input type="checkbox"/> Other                              |

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Are you holding any pre-signed or partially completed signed forms for client accounts? If yes, provide details below:

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Are you aware of any leverage loans on client accounts that have not been reported to HUB/Interglobe and undergone the leverage approval process? If yes, provide details below:

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## Acknowledgement & Certification

- I authorize HUB Capital to deduct the amount of the annual registration renewal fee from my commissions. Fees are anticipated to be the same as last year.
- I acknowledge that I have received and read HUB Capital's Compliance Policies and Procedures Manual issued November 2016.

Additional Comments:

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I certify that all statements provided in this form are correct and provide full disclosure.

- By placing a check mark in this box I certify all statements on this form are correct.

**X**

\_\_\_\_\_  
Representative Signature

Type first and last name to certify electronically

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Compliance Review

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date