



## Authorizing or Cancelling a Representative

### Who needs to complete this form?

Any entity with obligations under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (PCMLTFA) and its Regulations may authorize a representative to deal with the Financial Transactions and Reports Analysis Centre of Canada (FINTRAC) for matters concerning compliance. An example of a representative could include an accountant, a lawyer or a family member acting on your behalf.

### Why do you need to complete this form?

To protect the privacy and confidentiality of your information, we need your consent if you want FINTRAC to deal with another person acting as your representative.

### What will your representative be allowed to do?

When you give FINTRAC consent to deal with a representative, you are allowing that person to represent you for compliance matters for the duration specified.

### Can you have more than one representative?

Yes. However, you have to complete a separate form for each representative. It is important that you remember each authorization given to FINTRAC so that you can cancel the authorization when it is no longer needed.

### Part A – Reporting Entity Information

Enter your name, telephone number and the name and address of your business.

### Part B – Authorizing a Representative

You can authorize a representative by providing their name if the representative is an individual. You can authorize a business by providing the business name. If you want FINTRAC to deal with a specific individual working within a business, provide the name of the individual and the name of the business. If your representative is a business and you do not identify an individual in that business as your representative, you are granting FINTRAC consent to deal with anyone from that business.

### Part C – Limitations

Enter an expiry date for the consent given in Part B if you want the consent to end at a specific time. Your consent will stay in effect until you cancel it or it reaches the expiry date or duration you choose. If you choose a duration, the consent will be in effect from the date indicated in *Part F – Signature*.

You may also choose to limit your authorization to a particular matter, such as a compliance activity (e.g. an examination) or information request (e.g. policy interpretation).

### Part D – Cancelling an Authorization

Make note of each consent you give so you can cancel them when they are no longer needed. You can cancel an existing consent by calling FINTRAC at 1-866-346-8722. You can also cancel an existing consent by submitting a new form and completing Parts A, D and F.

### Part E – Federally Regulated Financial Institutions & Affiliated Organizations

Use this part of the form if you are a Federally Regulated Financial Institution (FRFI) or an affiliate of a FRFI. FINTRAC treats each organization as an individual reporting entity. You may be required to provide authorization to the financial group's Chief Anti-Money Laundering Officer (CAMLO) to act on your behalf. You may also be required to provide authorization to other FRFIs or affiliates which fall under the same financial group for the purposes of an examination. Follow the instructions included in Part E.

### Part F – Signature

The authorization or cancellation of a representative will not be valid until you have signed and dated the form.

### Do you need more information?

For more information, visit [www.fintrac-canafe.gc.ca](http://www.fintrac-canafe.gc.ca) or call 1-866-346-8722.





## Authorizing or Cancelling a Representative

Complete this form to give the Financial Transactions and Reports Analysis Centre of Canada (FINTRAC) your consent to deal with another person or business who would act as your representative for matters concerning compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its Regulations.

Give your completed form to a regional compliance officer or send to: FINTRAC, 24<sup>th</sup> floor, 234 Laurier Ave West, Ottawa, ON K1P 1H7. For **more information**, call us at **1-866-346-8722** (toll-free).

### Part A – Business Information

Complete this part to identify yourself and your business.

First Name <b>Herinder</b>	Last Name <b>Bedi</b>	Telephone Number
Title and Business Name <b>CEO and Director</b>		
Address (street number, name, city, province, postal code)		

### Part B – Authorizing a Representative

You must complete a separate form for each representative.

- If you are giving consent to an individual, enter the individual's full name in the appropriate box below.
- If you are giving consent to a business, enter the name of the business in the appropriate box below.
- If you are giving consent to an individual working within a business, provide all information below.

First Name <b>Matthew</b>	Last Name <b>Levine</b>	
Title and Business Name <b>Legal counsel</b>		
Telephone Number <b>6475982598</b>	Fax Number	Email <b>matthew@levinelegal.ca</b>

### Part C – Limitations

Enter an expiry date for the consent given in Part B if you want the consent to end at a particular time. Your consent will stay in effect until you cancel it or it reaches the date you choose.

Year	Month	Day
_	_	_

**or**

Choose a duration:

☐ 6 months ☐ 12 months

☐ no expiration

Check the appropriate box below:

☒ The authorization is applicable to all matters of compliance.

☐ The authorization is applicable only to the specified matter or compliance activity identified below:

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### Part D – Cancelling an Authorization

Complete this section to cancel an existing authorization. Check the appropriate box below:

- ☐ Cancel all existing authorization(s).
- ☐ Cancel the authorization given to the individual or business below.

First Name	Last Name
Title and Business Name	

### Part E – Federally Regulated Financial Institutions

To authorize the **Chief Anti-Money Laundering Officer (CAMLO)** to act on your behalf, **enter their name in the first box below** and check the CAMLO box. To authorize the sharing of compliance information among reporting entities which fall under the same financial group, indicate the name of the person and the name of each organization in the boxes that follow. If you need more space, attach additional pages as required.

First Name Matthew	Last Name Levine	<input checked="" type="checkbox"/> CAMLO
Title and Business Name CAMLO, Maple Wave Capital Inc		
First Name	Last Name	
Title and Business Name		
First Name	Last Name	
Title and Business Name		
First Name	Last Name	
Title and Business Name		

### Part F – Signature

**You must sign and date this form.**

By signing and dating this form, you authorize FINTRAC to deal with the individual or business identified in **Part B** or **Part E** or to cancel the authorizations in **Part D**.

We will only process this form if Part A is completed in full and the form is signed and dated.

Herinder Bedi

Print name

Signature

Year	Month	Day