Claim for Order for Payment of Financial Loss Section 148.2 - The Securities Act

Print and complete this form and submit with any documentation to:

The Director, The Manitoba Securities Commission, 500–400 St. Mary Avenue, Winnipeg, Manitoba R3C 4K5 or fax us at (204) 945-0330.

Name:		Age:
Address:		
City:	Province:	Postal Code:
Work Telephone:	Home Telephone:	Fax Number:
Who is your claim a	gainst?	
Person and/or Company who y	ou are filing the claim against:	
		Postal Code:
Work Telephone:	Home Telephone:	
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2. What is the amount of your investment loss?	?\$		
Have you been reimbursed (insurance or otherwise	e) for any portion of the loss you sustained? \square Yes \square No		
Provide pertinent figures that relate to the loss. Attach any documentation that will support your claim (cancelle cheques, receipts, agreements, and account statements). If you have been reimbursed at all, please provide the name and address of the company that reimbursed you, and the amount of reimbursement you received.			
3. Have you or anyone on your behalf initiated described in this claim? ☐ Yes ☐ No	court action against any party as a result of the matters		
(i) If yes, list case name, court file number, and co	ourt of jurisdiction.		
(ii) Do you intend to discontinue that court action	claim and proceed with this claim? \square Yes \square No		
Acknowledgements of Claimant			
	Manitoba Securities Commission to investigate whether a an order from the Commission directing repayment of financia Securities Act.		
B: I understand that if the Director presents my classification favour following the hearing, nor is there any g	aim at a hearing, there is no guarantee an order will issue in my guarantee as to the amount of any order.		
I understand I lose the right to commence a court action to recover loss or damages arising from the subject matter of this claim once a hearing is commenced to consider my claim.			
D: I understand it is my responsibility to take what paid to me if an order is issued following a com	tever action is required to recover any amount directed to be nmission hearing.		
E: I agree to cooperate with the Commission and investigation relating to the matters described in	its staff in the review of my claim and the commission in the claim.		
F: I understand that I have the right to hire a lawy	er to act on my behalf.		
Witness			
Print Witness Name & Full Address			
Date Statement Completed			

Payment received □ Order filed in Queen's Bench □ Payment received □ Other Investigation Order Number: Commission Use Only Disposition of Hearing □ Hearing and Decision by the Commission □ Provincial Court Decision Disposition of Claim □ Application received (Date) □ Director's Approval (Date) □ Compensation Ordered □ Order filed in Queen's Bench □ Payment received □ Other

Notice of Collection and Use of Personal Information

Pursuant to The Freedom of Information and Protection of Privacy Act (Manitoba), C.C.S.M. c. F175

Submitting Complaints and Collection of Personal Information

In reviewing a complaint it may be necessary for staff of The Manitoba Securities Commission to obtain "personal information" as defined by The Freedom of Information and Protection of Privacy Act (Manitoba), C.C.S.M. c. F175. Disclosure of personal information may be made to another securities regulator, self-regulatory organization, law enforcement, or person if staff determine disclosure is required to complete its review of the complaint.