

NRD - Request for Refund Form

Instructions and Terms

- Approved refunds will be issued by cheque mailed to the Chief AFR of the firm.
- Submit the completed **NRD Request for Refund Form, Sections A and B**, for processing to the CSA or IIROC Regulator in the jurisdiction in which the NRD submission has been sent. Please verify that you are sending the form only to jurisdictions where that individual is registered, and from which a refund is expected.
- For multiple jurisdiction submissions, please list all the individual's applicable jurisdictions on a single form. Send the original to the individual's lead jurisdiction, and send copies to the other applicable jurisdictions.
- Please attach a copy of the Submission Fee Summary, available on NRD in the Submission History of the pertinent submission.
- Pending approval, the Regulator will forward this refund application to the NRD Administrator to process any NRD fees.

SECTION A: Refund Request made by:

Name of Chief AFR (in full): _____

Legal Name of Firm (name to be printed on cheque): _____

Firm NRD #: _____

Mailing Address: _____

City/Town: _____

Province/Territory: _____

Postal Code: _____

Contact Name: _____

Telephone No: () _____

Fax No: _____

E-mail address: _____

Signature of Chief AFR Making this Refund Request: _____

Date: _____

YOU MUST ALSO COMPLETE SECTION B ON THE FOLLOWING PAGE

| Regulator For Office Use Only: | NRD Administrator - For Office Use Only: |
|--|--|
| Date Refund Form Received by Regulator: _____ (mm/dd/yr) | Date Refund Form Received by NRD Administrator: / ____ / ____ (mm/dd/yr) |
| Certified Correct (name/signature): _____ | Reviewed by NRD Administrator: _____ |
| Refund Authorized (name/signature): _____ | Business Ops. Manager Approval: _____ |
| Refund Amount: _____ | Refund dB #: _____ Cheque #: |
| Docket #: _____ Cheque #: _____ | Date Completed: ____ / ____ / ____ (mm/dd/yr) |
| Date Completed: ____ / ____ / ____ (mm/dd/yr) | If refund rejected, provide details: |
| Regulator Contact (name): _____ | |
| Telephone No: () _____ E-mail: _____ | |
| Fax No: () _____ | |
| If refund rejected, provide details: | |

