

APPLICATION FORM VERIFICATION OF IDENTITY

1. Identification									
Last name	First name								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">RDPRM client code</th> </tr> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>		RDPRM client code							
RDPRM client code									
Address									
City, province	Postal code								
Personal E-mail :									

2. Object of the application
I request _____, notary, to verify my identity for the purpose of obtaining from the Register of personal and Movable Real Rights, key pairs and certificates so that I may transmit documents electronically.

3. Identity papers		
I have provided the following documents (at least two, one with photo) to allow the notary to verify my identity :		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> birth certificate issued by the Registrar of Civil Status <input type="checkbox"/> certificate of civil status issued by the Registrar of Civil Status <input type="checkbox"/> copy of act of birth issued by the Registrar of Civil Status <input type="checkbox"/> extract of the registers of civil statut issued prior to January 1, 1994 (containing the information prescribed in <i>article 54 C.C.L.C.</i>) <input type="checkbox"/> driver's permit <input type="checkbox"/> other, equivalent document _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> health insurance card <input type="checkbox"/> social insurance card <input type="checkbox"/> passport <input type="checkbox"/> Canadian citizenship card <input type="checkbox"/> Immigration record of landing (Canada Immigration) </td> </tr> </table>	<input type="checkbox"/> birth certificate issued by the Registrar of Civil Status <input type="checkbox"/> certificate of civil status issued by the Registrar of Civil Status <input type="checkbox"/> copy of act of birth issued by the Registrar of Civil Status <input type="checkbox"/> extract of the registers of civil statut issued prior to January 1, 1994 (containing the information prescribed in <i>article 54 C.C.L.C.</i>) <input type="checkbox"/> driver's permit <input type="checkbox"/> other, equivalent document _____	<input type="checkbox"/> health insurance card <input type="checkbox"/> social insurance card <input type="checkbox"/> passport <input type="checkbox"/> Canadian citizenship card <input type="checkbox"/> Immigration record of landing (Canada Immigration)
<input type="checkbox"/> birth certificate issued by the Registrar of Civil Status <input type="checkbox"/> certificate of civil status issued by the Registrar of Civil Status <input type="checkbox"/> copy of act of birth issued by the Registrar of Civil Status <input type="checkbox"/> extract of the registers of civil statut issued prior to January 1, 1994 (containing the information prescribed in <i>article 54 C.C.L.C.</i>) <input type="checkbox"/> driver's permit <input type="checkbox"/> other, equivalent document _____	<input type="checkbox"/> health insurance card <input type="checkbox"/> social insurance card <input type="checkbox"/> passport <input type="checkbox"/> Canadian citizenship card <input type="checkbox"/> Immigration record of landing (Canada Immigration)	

4. Publication of rights																
Complete section A) or section B)																
A) <input type="checkbox"/> For the purpose of publication in the Register of Personal and Movable Real Rights (RPMRR), I declare that I intend to transmit applications for registration on my own behalf.																
B) <input type="checkbox"/> For the purpose of publication in the Register of Personal and Movable Real Rights (RPMRR), I declare that I am authorized to sign and transmit applications for registration on behalf of :																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name of mandator or organization</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">RPMRR mandator code</td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td colspan="2" style="padding: 2px;">Address</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;">Postal code</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>	Name of mandator or organization				RPMRR mandator code				Address					Postal code		
Name of mandator or organization																
RPMRR mandator code																
Address																
	Postal code															
and I have furnished the resolution, regulation, or other document authorizing me to transmit applications for registration on behalf of the person named above.																

5. Obligations
I have read, and I undertake to respect, the terms and conditions of delivery and use of RPMRR key pairs and certificates. Moreover, I acknowledge that the laws of Quebec shall apply and that the courts of Quebec shall have sole and exclusive jurisdiction in the event of dispute.

6. Authorization
I expressly authorize _____, notary, to transmit the information required to obtain key pairs and certificates from the Register.

Signed at _____, on the _____

(signature of applicant)