

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

Section B: Request for Refund Schedule

NAME OF FIRM: _____

For refunds on Duplicate individuals:

- .. ■ Under "Individual Registrant Information / NRD#", list the NRD number of the correct individual.
- Under "Additional Information", list the NRD number of the duplicate individual.

For refunds on Corrective submissions:-

- Under "NRD submission #", list the submission number for which you are requesting a refund. This is the corrective submission. ■ Under "Additional Information", list the original incorrect submission for which the corrective submission(s) was/were made.

INDIVIDUAL REGISTRANT INFORMATION		JURIS-DICTION(S)	SUBMISSION #	SUBMISSION DATE DD/MM/YYYY	REFUND TYPE NUMBER* (see below)	ADDITIONAL INFORMATION	EFT IDENTIFIER	REFUND REQUESTED		
NRD #	NAME							Commis-sion	CIRO	NRD Fee

	*Refund Type
1	Missing Individual (no tombstone data)
2	Duplicate Individual
3	Individual has already been terminated
4	Abandoned submission
5	Personal information change notice fee incorrectly charged
6	Proficiency information change notice fee incorrectly charged
7	Employment location change notice fee incorrectly charged
8	Annual fee incorrectly charged
9	Open a location fee incorrectly charged
10	Other (please specify)