



Form 1.3 - Applicant's Reply Financial Hardship Proceeding For hearings before the Financial Services Tribunal

Use this form to reply to any of the matters or information set out in the Superintendent's Response (Form 1.2) to your request for a hearing before the Financial Services Tribunal.

You are not required to reply in order for your hearing to proceed. To reply, complete this form and send it with any additional documents to the Financial Services Tribunal within 14 calendar days after you receive the Response form. Send the completed Applicant's Reply form to:

The Registrar
Financial Services Tribunal
5160 Yonge Street
Box 85, 14th Floor
Toronto ON M2N 6L9
fax: (416) 226-7750

A copy of this completed Applicant's Reply and any attachments will be sent to the Superintendent.

Personal information requested is collected under the authority of the Financial Services Commission of Ontario Act, 1997. This information will be used for the purposes of the proceeding and will be available to all parties to the proceeding. Any personal information collected must be held in confidence by all parties to the proceeding.

For further information about making a reply or if you have any questions about the proceeding, please contact the Registrar of the Financial Services Tribunal at (416) 590-7294 or toll free at 1-800-668-0128 ext. 7294.

Tribunal File No.

[Empty text box for Tribunal File No.]

Applicant's Name

Mr. [ ] Mrs. [ ] Ms. [ ] Last Name First Name

Name of Superintendent's Representative Who Completed the Superintendent's Response

Mr. [ ] Mrs. [ ] Ms. [ ] Last Name First Name
Phone No Fax Email

## Applicant's Reply

Set out any additional facts or information you want the Financial Services Tribunal to consider. If you do not wish to reply to the Superintendent's Response, please check the box below and return this form to the Tribunal Registrar.

I do not wish to reply to the Superintendent's Response

Additional sheets attached.

## Documents

If any other documents are attached to this form, describe them below

Additional sheets attached.

## Certification and Signature

I certify that all of the information contained in this request for a hearing is true and complete.

Applicant Name (please print)

Applicant Signature

Date (yyyy/mm/dd)

Representative Name (please print)

Representative Signature

Date (yyyy/mm/dd)