

## Form 1 - Request for Hearing For hearings before the Financial Services Tribunal

To request a hearing to challenge a proposed or intended decision of the Chief Executive Officer of the Financial Services Regulatory Authority of Ontario, you must complete and file this form with the Registrar of the Financial Services Tribunal, by mailing or delivering this form to 25 Sheppard Ave W, 7<sup>th</sup> Floor, Suite 100, Toronto, Ontario, M2N 6S6, or by sending this form by e-mail to <a href="mailto:contact@fstontario.ca">contact@fstontario.ca</a>, or faxing it to (416) 226-7750.

Information that you file with the Tribunal in connection with this matter will be available to all parties to the proceeding and will become part of the public record. When filing material with the Tribunal you may wish to consider protecting the privacy of individuals by removing social insurance numbers and other personal identifiers. Please refer to *Information For Parties With Privacy Concerns* at <a href="https://www.fstontario.ca">www.fstontario.ca</a>. Tribunal hearings are open to the Public unless the Tribunal orders otherwise. The Tribunal's decisions are posted publicly on the internet.

You may represent yourself before the Financial Services Tribunal or you may be represented by someone who is licensed under the *Law Society Act* to practice law or to provide legal services in Ontario (i.e., a lawyer or paralegal) or by someone who is not required to be licensed under that Act (e.g., a trade union representative or a friend helping out on a voluntary basis). If you are not sure whether or not a person can act as your representative (e.g., he or she is not a lawyer or a licensed paralegal), you should contact the Law Society of Ontario: (416) 947-3300, or 1-800-668-7380, or <a href="mailto:lawsociety@lso.ca">lawsociety@lso.ca</a>. The Financial Services Tribunal cannot assist you in obtaining representation and cannot provide you with information about the authority or licence status of a representative.

Applicants should review the FST Guide to Regulatory Proceedings posted on the FST website at https://www.fstontario.ca/en/proceedings/index.html.

**Note:** You are required to fill out **all** sections of this form as completely as possible. Incomplete forms may be returned and may not be processed until they have been properly completed.

		Tribunal File Number (Office U	se Only)	
Applicant's Name	and Address			
L	ast Name		F	rirst Name
Company Name or Org	anization			
Street Address				Apt./Unit
City		Province		Postal Code/ZIP
Phone Number	Ext.	Fax Number Em	nail Address	3

Applicant's Repres	sentative (if a	any)				
Last Name			First Name			
Firm						
Street Address				Apt./Unit		
City		Province		Postal Code/ZIP		
Phone Number	Ext.	Fax Number	Email Address			
The Representative is:		,				
○ Lawyer	Para	alegal licensed to	Not required to be licens	Not required to be licensed under		
		ride legal service	the Law Society Act and	the Law Society Act and its By-Laws		
CEO's Proposed o	r Intended D	ecision				
You must attach a copy	of the CEO's N	otice of Proposal or Inter	nded Decision.			
Date of CEO's Notice o	f Proposal or In	tended Decision				

## Why do you disagree with the CEO's Proposed or Intended Decision?

Briefly outline why you disagree with what the CEO is proposing to do. Use point form if desired. Please be as specific as possible in referring to the statutory provisions relevant to your case. (Attach additional pages if you need more space).

## What do you want the Tribunal to decide or order?

Explain as precisely as possible in what decision you want the Tribunal to make. Use point form if desired.

Other Interested	d Persons								
Other persons who may be affected by an order or decision of the Tribunal in this case, including any trade union(s) with bargaining rights, if applicable.									
French and Acc	essibility l	Requirements							
A person has the rig Language Services indicate this intentio	Act. If a person	on intends to comm	unicate in Fre	nch as a party in a	proceeding,	the person shall			
Do you intend to co	mmunicate in	French?							
○Yes									
○No									
Do you have any ac visual aids or any o			roceeding? (e.	.g., wheel chair ac	cess, sign lanç	guage interpreter,			
○Yes									
○No									
If yes, please descr	ibe								
Signature									
Applicant Name (pl	ease print)	Ар	oplicant Signat	ture		Date (yyyy-mm-dd)			
Representative Nar	me (please pri	nt) Re	epresentative S	Signature		Date (yyyy-mm-dd)			
and is collected und	ler the author ceeding and v t the collectio	ity of the <i>Financial S</i> vill be available to a n and use of your po	Services Tribu Il parties in the ersonal inform	nal Act, 2017. This e proceeding and value of the proceeding and value of the proceeding and value of the process of the proce	s information will become pacted to the Re	art of the public record.			
Print Form		Reset Form		Save		Submit by Email			