



**Financial Services
Commission
of Ontario**
5160 Yonge Street
Box 85
Toronto ON M2N 6L9

Dispute
Resolution
Services

Application for Variation/Revocation Form L

Commission file number

**Complete ALL sections.
Attach extra sheets if necessary.**

DECISION DETAILS

Applicant		Insurer(s)
Date of Decision (yyyy/mm/dd)	Adjudicator	Arbitration or appeal file number A

APPLICANT

<input type="checkbox"/> Mr.	Company name OR Last name	First name	Middle name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Home phone number ()	Work phone number ()	Ext. Fax number ()	Email address

APPLICANT'S REPRESENTATIVE

<input type="checkbox"/> Mr.	Last name	First name	File reference number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Title	Firm name		
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Work phone number ()	Ext. Fax number ()	Email address	
The representative is:			
<input type="checkbox"/> Lawyer	Law Society licence number	_____	
<input type="checkbox"/> Licensed paralegal	Law Society licence number	_____	
<input type="checkbox"/> Not required to be licensed	Specify the type of exemption from the list of exemptions recognized in the Law Society 's by-laws _____		

REASONS FOR THE APPLICATION FOR VARIATION/ REVOCATION

Briefly explain the reasons for your Application.

Extra sheets attached

ACTIONS SOUGHT FROM THE VARIATION/ REVOCATION

Briefly explain what outcome or result you are looking for in the Application.

Extra sheets attached

TRANSCRIPTS

Was the hearing recorded?

- No
 Yes

Are you ordering a transcript of the hearing?

- No
 Yes

If **Yes**, you must inform the other party and arrange for a transcript copy to be provided to him/her and the Director's Delegate. State when you expect to receive the transcript. ▼

If **No**, briefly explain why a transcript is not needed for the Variation/Revocation. ▼

Extra sheets attached

PRELIMINARY OR INTERIM ORDER OF AN ADJUDICATOR

Are you asking for a Variation/Revocation of a Preliminary or Interim Order of an Adjudicator? If **Yes**, briefly explain why you should be permitted to vary or revoke a preliminary or interim order. Your reasons should be as complete as possible. ▼

- No
- Yes

Extra sheets attached

EVIDENCE

List any evidence that you intend to rely on that was not part of the hearing. Explain why this evidence is necessary. Your explanation should be as complete as possible.

Extra sheets attached

SIGNATURE AND CERTIFICATION

I certify that all information in this Application for Variation/Revocation and attachments is true and complete. I realize that copies of all information filed with this Application for Variation/Revocation will be given to the other party in this dispute.

- Applicant Name (please print) Title
- Representative

Signature	Date (yyyy/mm/dd)	<input type="checkbox"/> Cheque or money order enclosed	Total number of extra sheets attached ▼
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