



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

Dispute
Resolution
Services

Response to Application Variation/Revocation Form M

Variation/Revocation file number

P-

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

APPLICANT FOR VARIATION/REVOCAION

<input type="checkbox"/> Mr.	Company name OR Last name	First name	Middle name
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

RESPONDENT'S NAME AND ADDRESS

<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
Phone number ()	Ext.	Fax number ()	Email address

RESPONDENT'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
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		

RESPONSE TO APPLICATION FOR VARIATION/REVOCAION

Briefly explain your response to the Applicant's reasons for variation/revocation.

Extra sheets attached

RESPONSE TO PRELIMINARY MATTERS

Set out your response to the preliminary matters raised in the **Application for Variation/Revocation** (transcript, preliminary or interim order, new evidence). *See instruction sheet for details.* **Your response should be as complete as possible.**

Extra sheets attached

SIGNATURE AND CERTIFICATION

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

Respondant Name (please print) Title
 Representative

Signature

Date (yyyy/mm/dd)

Total number of extra sheets
attached ▼