



**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 <b>OR</b> 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 <b>OR</b> 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(required)
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 ▼