

ADDING OWNERS, DIRECTORS, PARTNERS OR SHAREHOLDERS

Note: This application can be completed through the portal [Accès Agence](#).

Visit acces-bsp.bspquebec.ca to create your profile and proceed online simply and securely.

To file your application

Online at bspquebec.ca - My Account (registration required)

This completed form can be securely filed through the service of [My Account](#) in the **File deposit section**.

By mail or in person to the following address:

1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

ATTENTION - In compliance with the Act respecting access to documents held by public bodies and the protection of personal information (CQLR, c. A-2.1), **the agency representative is required to:**

- 1) **Provide Appendix 1** of this form to any person related to the enterprise whose personal information is collected on this form or its Appendix 2;
- 2) **Obtain the consent** of any individual regarding the collection, use, disclosure and retention of their personal information in accordance with the declaration made in Appendix 1; and
- 3) **Retain this consent** so that it can be provided at the request of the Bureau or any competent authority, such as the Commission d'accès à l'information.

SECTION A: AGENCY IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

SECTION B: SECURITY VERIFICATION OF OWNERS, SHAREHOLDERS, PARTNERS, DIRECTORS

NOTICE - This section must be completed for **ANY PERSON** added as **DIRECTOR** of your enterprise and as **PARTNER** or **SHAREHOLDER** having a major interest in your enterprise (i.e. holding directly or indirectly 10% or more of the shares or the voting rights attached to the shares).

If the partner or shareholder holding a major interest in your enterprise, or a director of your enterprise, is a legal entity (e.g.: partnership, legal person, etc.), in addition to identifying it in this Section B, you MUST complete Appendix 2 for each of these legal entities.

IDENTIFICATION OF THE LEGAL ENTITY RELATED TO THIS ADDITION

Name of the legal entity

IDENTIFICATION : Mr. Ms. Legal entity (Appendix 2 is mandatory)

STATUS: Director (Member of B. of D.) Shareholder _____% of voting rights Partner _____% of shares

Surname

First name

Name of legal entity (if legal entity)

Québec Enterprise Number (NEQ) (if legal entity)

Home address (Head office, if legal entity) No., street

Suite/Apt.

Postal code

City

Province

Country

Phone number (day)

Ext.

SAAQ Driver's licence


I do not have one.

Date of birth (YYYY/MM/DD)

Photocopy and add copies of this page or Appendix 2 as needed

IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 Is mandatory)					
STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting rights <input type="checkbox"/> Partner _____% of shares					
Surname			First name		
Name of legal entity (if legal entity)			Québec Enterprise Number (NEQ) (if legal entity)		
Home address (Head office, if legal entity) No., street				Suite/Apt.	Postal code
City				Province	Country
Phone number (day)	Ext.	SAAQ Driver's licence <input type="checkbox"/> I do not have one.		Date of birth (YYYY/MM/DD)	
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 Is mandatory)					
STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting rights <input type="checkbox"/> Partner _____% of shares					
Surname			First name		
Name of legal entity (if legal entity)			Québec Enterprise Number (NEQ) (if legal entity)		
Home address (Head office, if legal entity) No., street				Suite/Apt.	Postal code
City				Province	Country
Phone number (day)	Ext.	SAAQ Driver's licence <input type="checkbox"/> I do not have one.		Date of birth (YYYY/MM/DD)	
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 Is mandatory)					
STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting rights <input type="checkbox"/> Partner _____% of shares					
Surname			First name		
Name of legal entity (if legal entity)			Québec Enterprise Number (NEQ) (if legal entity)		
Home address (Head office, if legal entity) No., street				Suite/Apt.	Postal code
City				Province	Country
Phone number (day)	Ext.	SAAQ Driver's licence <input type="checkbox"/> I do not have one.		Date of birth (YYYY/MM/DD)	

SECTION C: REPRESENTATIVE DECLARATION

Representative surname	Representative first name
<p>As a representative of the agency, I declare that before collecting their personal information:</p> <ol style="list-style-type: none"> 1) I have duly forwarded Appendix 1 of this form to any person related with the agency identified in this form or its Appendix 2; 2) I have obtained the consent of any individual related to the collection, use, disclosure and retention of their personal information in accordance with this declaration in Appendix 1; 3) Such consent has been duly retained so that it may be provided upon request by the Bureau or any competent authority, such as the Commission d'accès à l'information 	
<p>In witness whereof, I have signed: _____ Date (YYYY/MM/DD) _____</p> <p style="text-align: center;"> Representative handwritten signature</p>	



Declaration regarding personal information to the attention of person related to the agency and subject to Section 8 PSA

TO THE ATTENTION OF PERSON RELATED (8 PSA) - DECLARATION REGARDING YOUR PERSONAL INFORMATION

Who collects your personal information? The collection of your personal information by this form is done by or on behalf of the Bureau de la sécurité privée ("**BSP**") by the representative duly designated by the agency.

What personal information is collected about you? In accordance with paragraphs 4 or 4.1, as the case may be, of Section 1 of the *Regulations under the Private Security Act* (r.1), the Bureau collects your name, date of birth and contact information relating to your residence, as well as your role and, where applicable, your interest in the private security enterprise applying for a licence or in the entity holding a significant interest in it, as the case may be.

For what purposes? To identify you as a person related to the agency and subjected to a security verification pursuant to Section 8 of the *Private Security Act* (CQLR, c. S-3.5) ("**PSA**") ("**Related Person**"), to process the agency licence application made by this form, to ensure the application of the PSA and its regulations, and to satisfy all obligations and exercise all rights granted to the BSP by law. Your personal information will namely be used in compliance with the PSA and its regulations, in order to conduct a security verification.

Is it mandatory? Your personal information collected by this form is mandatory and failure to provide it may result in the ineligibility or refusal of the enterprise's application or jeopardize the validity of any licence of the enterprise.

What are your rights? The *Act respecting access to documents held by public bodies and the protection of personal information* (CQLR, c. A-2.1) ("**Access Act**") grants you the right to access and rectify your personal information and to withdraw your consent regarding your personal information held by the BSP. However, please note that the withdrawal of a consent for mandatory information would jeopardize the validity of the enterprise's licence.

To whom your personal information is disclosed? Your personal information may be disclosed to:

- the BSP employees who need access to such personal information in the performance of their duties;
- the Sûreté du Québec, or any other police force, to verify that the conditions set out in Section 8 of the PSA are met;
- any other person or entity authorized to receive such communication with your consent or under the law, namely the Access Act and the PSA.

To consult the **Privacy policy** of the BSP, visit the bspquebec.ca.

Consent of the Related Person

By providing your personal information to the representative to enable them to file an agency application, you consent to the Bureau collecting, using, disclosing and retaining your information in accordance with the declaration above.

Namely, **you consent to the sharing of your personal information** necessary for the purposes of the application of the PSA, **between the Bureau and the Sûreté du Québec or any other police force**, including any of your personal information recorded in any police report and data base.

This consent is valid upon receipt of your personal information as a Related Person to an enterprise that applies or holds an agency licence and for the entire period during which you will be a Related Person to that enterprise.



Identification of the owners, directors, partners, shareholders of the legal entity identified in Section B or Appendix 2

(Section 1(4.1) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

Photocopy and add copies of this Appendix 2 as needed

NOTICE - A separate Appendix 2 must be completed for **EACH** legal entity listed in Section B or Appendix 2 of this form.

It must include **ANY PARTNER** or **SHAREHOLDER** holding a major interest in the corresponding legal entity (i.e. holding directly or indirectly 10% or more of the shares or the voting rights attached to the shares), as well as **ANY DIRECTOR**.

IDENTIFICATION OF THE LEGAL ENTITY IDENTIFIED IN SECTION B OR APPENDIX 2				
Name of the legal entity				
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 is mandatory)				
STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting rights <input type="checkbox"/> Partner _____% shares				
Surname		First name		
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)		
Home address (Head office, if legal entity) No., street			Suite/Apt.	Postal code
City			Province	Country
Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.		Date of birth (YYYY/MM/DD)
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 is mandatory)				
STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting rights <input type="checkbox"/> Partner _____% shares				
Surname		First name		
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)		
Home address (Head office, if legal entity) No., street			Suite/Apt.	Postal code
City			Province	Country
Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.		Date of birth (YYYY/MM/DD)
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 is mandatory)				
STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting rights <input type="checkbox"/> Partner _____% shares				
Surname		First name		
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)		
Home address (Head office, if legal entity) No., street			Suite/Apt.	Postal code
City			Province	Country
Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.		Date of birth (YYYY/MM/DD)