



**Applicant's Reply
Financial Hardship Proceeding**
(before the Financial Services Tribunal)
(Form 1.3)

**Financial
Services
Tribunal**

Use this form to reply to any of the matters or information set out in the Superintendent's Response (Form 1.2) to your request for a hearing before the Financial Services Tribunal.

You are not required to reply in order for your hearing to proceed. To reply, complete this form and send it with any additional documents to the Financial Services Tribunal **within 14 calendar days** after you receive the Response form. Send the completed Applicant's Reply form to:

**The Registrar
Financial Services Tribunal
5160 Yonge Street
Box 85, 14th Floor
Toronto ON M2N 6L9
fax: (416) 226-7750**

A copy of this completed Applicant's Reply and any attachments will be sent to the Superintendent.

Personal information requested is collected under the authority of the *Financial Services Commission of Ontario Act, 1997*. This information will be used for the purposes of the proceeding and will be available to all parties to the proceeding. Any personal information collected must be held in confidence by all parties to the proceeding.

For further information about making a reply or if you have any questions about the proceeding, please contact the Registrar of the Financial Services Tribunal at (416) 226-7752 or toll free at 1-800-668-0128 ext. 7752.

Tribunal File Number and Applicant's Name

Insert the Financial Services Tribunal File Number assigned to your hearing.

Applicant's name.	
Last Name	First Name

Name of Superintendent's Representative Who Completed the Superintendent's Response

Insert the name of the person who completed the Superintendent's Response, as found on the Superintendent's Response.	
Last Name	First Name

Applicant's Reply

Set out any additional facts or information you want the Financial Services Tribunal to consider. If you do not wish to reply to the Superintendent's Response, please check the circle below.

I do not wish to reply to the Superintendent's Response

Additional sheets attached.

Documents

If any other documents are attached to this form, describe them below.

Additional sheets attached.

Certification and Signature

I certify that all of the information contained in this reply is true and complete.

Name (please print)

Title

Applicant

Representative

Date

Signature