**APPLICATION FOR ANNUAL CERTIFICATE**

**ORIGINAL TEXT IN FRENCH**

APPENDIX 1: SUMMARY SHEET QIFT 7.02

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QIFT 7.02** |  **Operation of a clearing house** |  | From: | To: |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Taxation year covered |  |  | IFC certificate number |  |
|  |
|  | A) If, during the taxation year covered by this application, the IFC operated a clearing house, check the following box: |  |  |  |
|  |  |  |
|  |  |  |  |
|  | B) Was the operation of a clearing house for which the IFC is applying for certification carried out regarding transactions to which not more than one party was or included a person resident in Canada? |  | Yes |  | No |  |  |
|  |  |  |  |  |
|  | **If you answered “no”**, please specify: |  |
|  |  |  |
|  |  |  |

If more space is required, append a document with the additional information and indicate the number of the summary sheet.