

## PAYMENT Form

1. PERSONAL / CONTACT INFORMATION									
FIRST NAME SURNAME									
CRTO Reg. No.									
APT. NO. STREET ADDRESS									
CITY PROVINCE									
POSTAL CODE COUNTRY									
EMAIL									
PHONE NUMBER									
2. PAYMENT INFORMATION									
Purpose: Late PDP Submission - RelevanT PORTfolio Launch Jurisprudence									
Payment Amount: \$ (see <u>Schedule of Fees</u> for amount)									
Method of Payment:									
Cheque Money Order (payable to the CRTO)									
Online/Tele Banking (please use your CRTO registration number as the account number)									
Bank Name   Trans. Date (MM/DD/YYYY)   Ref. No.									
Visa Master Card PHONE AUTHORIZATION (OFFICE USE ONLY)									
Card Number Expiry Date									
SIGNATURE NAME ON CARD									
SUBMIT YOUR PAYMENT TO: CRTO,90 Adelaide St W Suite 300, Toronto, ON M5H 3V9 FAX: 416-591-7890, EMAIL: <u>professionalpractice@crto.on.ca</u> QUESTIONS: TEL: 416-591-7800 or toll free 1-800-261-0528, EMAIL: <u>professionalpractice@crto.on.ca</u> WEB: www.crto.on.ca									

OFFICE USE ONLY				RECEIVED DATE	AUTHORIZATION NO.	COMMENTS