



OCIF

OFICINA DEL
COMISIONADO
DE INSTITUCIONES
FINANCIERAS

ESTADO LIBRE ASOCIADO DE PUERTO RICO
OFICINA DEL COMISIONADO DE INSTITUCIONES FINANCIERAS

Inquiry Form

**Broker-Dealers, Representatives (brokers), Investment Advisors and Securities
Registered at or Licensed by the OCIF**

_____ date

Please send to:

**Securities Division
Office of the Commissioner of Financial Institutions
Commonwealth of Puerto Rico
PO Box 11855, San Juan PR 00910-3855**

Voice: **(787) 723-3131** ext. **2305, 2306, 2308** Fax: **(787) 723-4225** valores@ocif.gobierno.pr

I wish to verify if the following:

___ Broker-Dealer ___ Representative (broker) ___ Security ___ Financial Advisor

___ Broker-Dealer ___ Representative (broker) ___ Security ___ Financial Advisor

___ Broker-Dealer ___ Representative (broker) ___ Security ___ Financial Advisor

is (are) duly registered at or licensed by the OCIF to do business in Puerto Rico.

Name _____

Postal Address _____

Telephone(s)/fax _____

Email _____

Note: If you wish to obtain an Official Certification, please fill out OCIF's [SERVICE REQUEST FORM](#) and accompany it with the applicable fee, as contemplated on [Regulation No. 6565](#).