



Dear Investment Professional:

Thank you for your interest in our broker-dealer. We are sure you will be pleased after you have reviewed our commitment and capabilities. To facilitate your completion of the necessary application and related paperwork, you will need detailed working and residence addresses and histories. To assist you, we would like to supply you with a copy of your previously filed Form U-4 from FINRA/CRD. We are required to have your permission to access your data with FINRA in order to print your Form U-4.

Please complete and sign this form and fax it back to us at (949) 457-1055 without cover sheet. If you should have any questions please call me at (800) 433-0003, x211.

Upon receipt of the completed authorization form below, we will retrieve your prior U-4 from FINRA and review it. Upon our preliminary review, we will rush you a License Transfer Kit. Please note that this review does not constitute a complete and comprehensive background check. We will not run your credit report at this time.

Yours truly,

Quest Capital  
Recruiting Department

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Dear Quest Capital:

I hereby grant Quest Capital permission to access my date file with FINRA/CRD for the purpose of reviewing my securities license registration. I also authorize FINRA to release copies of all filed Form U-5s, Form U-4s and any other relevant information about my licensing history in my file to Quest Capital Strategies, Inc.

Full Name (Print): \_\_\_\_\_ Day Phone#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

S.S#: \_\_\_\_\_ D.O.B (DD/MM/Year): \_\_\_/\_\_\_/\_\_\_\_\_, CRD # (Optional): \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Internal Use

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**QUEST CAPITAL**® STRATEGIES, INC.

Member FINRA & SIPC

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(949) 830-4885

Securities License Transfer Kit Request Form 4/2011