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Important: PRINT or TYPE all information in BLACK INK

## **NOTICE OF ADDRESS CHANGE FORM: SALESPERSON / BROKER**

ADDRESS CHANGE: Complete all applicable fields to ensure RECO records are accurate.

## **WARNING - IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION**

Registrant Signature (Electronic or Wet Sign)		Date: YYYY /	Date: YYYY / MM / DD		
RECO REGISTRATION NUMBER		EFFECTIVE DATE:	EFFECTIVE DATE: YYYY / MM / DD		
Legal Surname	Legal First N	Legal First Name		Legal Middle Name(s)	
	*Addre	ess for Service Confirmation	1		
□ I elect to have my Re	esidential Address be my <u>A</u>	Address for Service. Must be	a street address, <u>no</u>	ot just a Post Office Box	
NEW RESIDENTIAL ADDRESS	& CONTACT INFORMATION				
	R.R. Give Lot, Concession No. &	Township)		Apt. or Suite Number	
City		Province	Province		
Telephone Number	Cell Phone Number	E-mail Address			
		just a Post Office Box. This addres	ss will also be used for r	nailing purposes.)	
(Include Business Name if App	plicable)				
Street Number and Name			,	Apt. or Suite Number	
City		Province	ı	Postal Code	
Telephone Number	Fax Number	E-mail Address	L		
		rement whereby a registered in ervice on file must be disclosed			