



RECO

Real Estate Council of Ontario

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www.reco.on.ca
myweb.reco.on.ca

Important: PRINT or TYPE all information in BLACK INK

NOTICE OF BRANCH CHANGE

All new branch managers must submit a current original Canadian Criminal Record and Judicial Matters Check with this form

WARNING – IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION

The undersigned is registered as a Branch under the <i>Trust in Real Estate Services Act, 2002</i> (Check One)			
SECTION A SIGNATURE OF SIGNING AUTHORITY			
This form must be signed by the sole proprietor, a partner, officer, director, or the broker of record of the applicant			
The undersigned hereby certifies that he/she is fully authorized to bind the applicant and is authorized to sign this application on behalf of the applicant. The undersigned hereby certifies that he/she has fully examined all of the information given on this application (including any attachments), and all such information is, to the best of his/her knowledge and belief, true and complete, and hereby requests the registration be granted.			
Name	Signature (Electronic or Wet Sign)	Title	Date

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE OF ADDRESS	BRANCH CLOSING	CHANGE OF BRANCH MANAGE	

SECTION B EXISTING BRANCH ADDRESS & CONTACT INFORMATION			
Registered Business Name		Branch Registration Number	
Existing Branch Address		Suite or Unit Number	
City	Province	Postal Code	
Business Telephone Number	Business Fax Number	E-mail Address	

HEREBY NOTIFY THE REGISTRAR OF THE FOLLOWING CHANGES:			
SECTION C NEW BRANCH ADDRESS & CONTACT INFORMATION			
New Branch Business Address (Street Number and Name)			Effective Date YYYY/MM/DD
Suite or Unit Number	City	Province	Postal Code
Business Telephone Number	Business Fax Number	E-mail Address	
New Branch Address for Service (Must be a street address <u>not</u> just a Post Office Box. This address will also be used for mailing purposes)			
(An Address for Service is a legislative requirement whereby a registered individual can be <i>served</i> documents)			Effective Date YYYY/MM/DD
Suite or Unit Number	City	Province	Postal Code
Telephone Number	Fax Number	E-mail Address	

Important: PRINT or TYPE all information in BLACK INK
Notice of BRANCH Change

SECTION D BRANCH OFFICE CLOSING											
Branch Registration Number	Branch Manager Name (Legal Surname, First Name)	EFFECTIVE DATE YYYY / MM / DD									
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SECTION E CHANGE OF BRANCH MANAGER			
Please enter the details for the terminating branch manager in <u>Part 1</u> and the details for the new branch manager in <u>Part 2</u>			
PART 1			
Type of Notice: TERMINATING		EFFECTIVE DATE OF CHANGE YYYY / MM / DD	
Registration Number		Will individual remain registered with the company? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Legal Surname	Legal First Name	Legal Middle Name(s)	
PART 2			
Type of Notice: NEW		EFFECTIVE DATE OF CHANGE YYYY / MM / DD	
Registration Number		Legal Middle Name(s)	
Legal Surname	Legal First Name	Legal Middle Name(s)	