



Important: PRINT or TYPE all information in BLACK INK

APPLICATION FOR REINSTATEMENT: PARTNERSHIP

All new Brokers of Record and Partners require an original Canada-wide Criminal Record and Judicial Matters Check to be submitted with this application.

WARNING – IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION

SECTION A: SIGNATURE OF AUTHORIZED SIGNATORY

This form must be signed by a partner 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.

Form with fields: Name (Please Print), Title, Signature, Date

SECTION B: PARTNERSHIP NAME AND ADDRESS

Form with fields: Type of Application, Business Category, Business Name, Trade Style Name, RECO Registration Number, Business Address, City, Province, Postal Code, Business Telephone Number, Business Fax Number, E-mail Address

SECTION C: NEW ADDRESS FOR SERVICE

ADDRESS FOR SERVICE IN ONTARIO (Must be a street address not just a Post Office Box. This address will also be used for mailing purposes.)

Form with fields: Number & Street, Suite or Unit Number, City, Province, Postal Code, Telephone Number, Fax Number, E-mail Address

Important: PRINT or TYPE all information in BLACK INK
Application for Reinstatement: PARTNERSHIP

SECTION D: NOTICE & CONSENT

Any person completing and/or signing and/or submitting this form and any attachments or accompanying answers, schedules, documents, records, statements or returns, either written or oral, ("accompanying documentation") is hereby notified that the Real Estate Council of Ontario ("RECO") may verify the information on this form or the accompanying documentation, and in so doing, may request or collect additional information from, communicate with, disclose any such information to government and non-government bodies (which may include trade associations, designated education organizations and providers, and past, present, and prospective employers). You are notified that any information so collected or communicated will be for purposes that include, but are not limited to:

1. Determining an applicant's eligibility for registration or continued entitlement to registration under the Trust in Real Estate Services Act, 2002 and its regulations and including any amendments or any successor legislation, ensuring compliance under TRESA, dealing and/or handling complaints and inquiries under TRESA;
2. Purposes consistent with the Safety and Consumers Statutes Administration Act, 1996 and its regulations, RECO's purposes and obligations under the Canada Not-for-profit Corporations Act and its regulations, RECO's Articles of Continuance (transition) and its corporate by-laws, and the Administrative Agreement,
3. For any other purpose consistent with the administration of TRESA, consumer protection, protecting the public, and/or verification of an applicant's association or membership with trade/professional associations, registration history, including status, dates, employer's name and business address.

I understand and consent that as part of the above process, RECO may, at any time and from time to time, make inquiries and/or obtain searches of government, regulatory, discipline, or law enforcement records and databases, a record of offences, a record of judgments, financial institution records, or consumer reports. I further understand and consent that, RECO may, at any time and from time to time, during my registration cycle make additional inquiries and/or obtain additional searches of government, regulatory, discipline, or law enforcement records and databases, a record of offences, a record of judgments, financial institution records, or consumer reports.

I am aware that RECO is obligated to disclose information in accordance with law and is bound by TRESA, including section 44 of TRESA and sections 11 and 27 of the Regulation (General) under TRESA.

I consent to receive electronically any information about this application, registration under the Act or RECO corporate affairs.

If you have any questions concerning the collection or disclosure or use of any information, please contact RECO, or view RECO's Privacy Policy at www.reco.on.ca.

By completing or signing or submitting this form and any of the accompanying documents, I consent to RECO verifying, requesting, collecting, communicating, disclosing, using, and maintaining such information in the manner provided above.

I accept the terms of the above Notice & Consent

Broker of Record Name _____ **Signature** _____
(Please Print)

COMPLETION INSTRUCTIONS NOTE:

Pursuant to section 29(1) of the *Interpretation Act*, R.S.O. 1990 c. I-11, "person" includes a corporation and the heirs, executors, administrators or other legal representatives of a person to whom the context can apply according to law.

"Applicant" includes Sole Proprietor, Brokerage and Partnership.

Trust in Real Estate Services Act, 2002, S.O. 2002, c.30, Schedule C is referred to as "TRESA"

Important: PRINT or TYPE all information in BLACK INK
Application for Reinstatement: PARTNERSHIP

SECTION E: BROKER OF RECORD

Please provide a Partnership Resolution (Page 8) designating the Broker of Record.

Legal Surname	Legal First Name	Legal Middle Name(s)	Registration Number <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				

SECTION F: CHANGE TO BANKING INFORMATION OR UNCLAIMED TRUST DISCLOSURE

Please review this section carefully as a new disclosure question has been added.

<p>1. Has there been a change to the location or Trust Account Number of the Real Estate Trust Account and/or has there been a change to the signatory on the Real Estate Trust Account? If Yes, refer to Page 6 for detailed Completion Instructions.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>2. Is the brokerage in receipt of unclaimed trust money that has been in the brokerage's possession in excess of 2 years for which entitlement is unknown, or the entitled person(s) cannot be located? (If Yes, please review the Registrar's Bulletin: <i>Unclaimed Money in the Real Estate Trust Account</i>)</p>	<input type="radio"/> Yes	<input type="radio"/> No

SECTION G: REAL ESTATE TRUST ACCOUNT INFORMATION

Provide the trust account number, name and address of the Bank or Financial Institution where a Real Estate Trust Account will be maintained and in which will be deposited all monies received by the applicant in trust for others, in connection with the business. Also provide a copy of the Real Estate Trust Account signature card on file with the same Bank or Financial Institution.

Name of Bank or Financial Institution	Real Estate Trust Account Number	
Street (Number and Name)	City	Postal Code

SECTION H: PARTNERSHIP STRUCTURE

Please complete Ownership Interest structure. **Refer to Page 6 for Completion Instructions**

Names of all Partners	RECO Registrant Number (if applicable)	Percentage of Partnership Interest																				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					

Important: PRINT or TYPE all information in BLACK INK
Application for Reinstatement: PARTNERSHIP

SECTION J: PARTNERSHIP DISCLOSURE QUESTIONS

THE FOLLOWING MUST BE COMPLETED BY AN AUTHORIZED SIGNATORY ON BEHALF OF THE PARTNERSHIP

Legal Surname	Legal First Name	Legal Middle Name(s)	
Position Held in Company	Date of Birth YYYY/MM/DD	Sex Optional	Registration Number
		<input type="radio"/> Male <input type="radio"/> Female	
Residential Address (if R.R., give Lot, Concession Number and Township) (Street Number & Name)			
City	Province	Postal Code	
Telephone Number	Fax Number	E-mail Address	

If you answer yes to any question on behalf of the partnership and have not previously disclosed it in writing, you must do so now. Please refer to Page 7 for completion instructions.

- Is the Partnership a Partner or shareholder in any other business? Yes No
- Is the Partnership now or has the Partnership ever been involved in bankruptcy or insolvency proceedings, and/or been a major shareholder of a corporation or partner of a partnership which has been bankrupt or insolvent, or is presently a party to bankruptcy or insolvency proceedings? Yes No
- Are there any unpaid judgments and/or unpaid debts outstanding against the Partnership, including but not limited to, CRA Requirement to Pay and garnishments, or is the Partnership a majority shareholder of a corporation or partner of a partnership to which the preceding statement applies? Yes No
- Has the Partnership ever had a registration and/or licence or professional status of any kind refused, suspended, revoked, or cancelled and/or has the Partnership been involved in any proceeding during which the Partnership resigned a registration or licence or professional status of any kind, or are there any proceedings pending, or is the Partnership a majority shareholder of a corporation or partner of a partnership to which the preceding statement applies? Yes No
- Are there currently any charges pending, or has the Partnership ever been found guilty, pleaded guilty to, or been convicted of an offence under any law, or is the Partnership a majority shareholder of a corporation or partner of partnership to which the preceding statement? Yes No

NOTICE TO REGISTRAR RE: CERTAIN CHANGES TRESA 28 (1)

If there is a change to any of the information that was included in the registrant's application the registrant shall notify the registrar, **within five days** after the change takes place and shall set out the nature of the change. TRESA 28 (1).

WARNING – IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION

_____	_____
Name (Please Print)	Signature
_____	_____
Title (Please Print)	Date

Important: PRINT or TYPE all information in BLACK INK
Application for Reinstatement: PARTNERSHIP

SECTION K: INTERESTED PERSONS

Please identify, if applicable, any Interested Person(s) as identified in Section 10(4)(a), (b) & (c) of the TRESA.
Refer to Page 7 for Completion Instructions.

Name of Interested Person	Date of Birth YYYY/MM/DD	Residential Address

SECTION L: ASSOCIATED PERSONS

Please identify, if applicable, any Associated Person(s) as defined in Section 1 (2) of the TRESA.
Refer to Page 7 for Completion Instructions.

Name of Associated Person	Date of Birth YYYY/MM/DD	Residential Address

COMPLETION INSTRUCTIONS SECTION F: CHANGE OF BANKING INFORMATION OR UNCLAIMED TRUST DISCLOSURE

1. If the answer is yes, please provide:
 - a. The reconciliation of the previous Real Estate Trust Account along with a statement from the Bank or Financial Institution attesting to the balance at the time of closing the previous account.
 - b. The name and address of the new Bank or Financial Institution, the Real Estate Trust Account number and opening balance of the new Real Estate Trust Account with a copy of the **Real Estate Trust Account** signature card on file with the same Bank or Financial Institution.
2. If the answer is yes, please review the Registrar’s Bulletin: **Unclaimed Money in the Real Estate Trust Account.**

COMPLETION INSTRUCTIONS SECTION H: PARTNERSHIP STRUCTURE

For the purposes of this section you must identify each individual partner of the partnership, their respective titles, and dates of appointment.

Where the partners are not individuals, but corporations, copies of the Articles of Incorporation for each corporation that is a partner are required (please attach to application form). Indicate the percentage of ownership interest beneficially owned or controlled by each person.

COMPLETION INSTRUCTIONS SECTIONS I & J: PARTNER/PARTNERSHIP DISCLOSURE QUESTIONS

- Question 1 If the applicant answered yes, the information required includes:
1. The legal name of the business and the operating name if applicable.
 2. The nature of the business, your position in the company, and any ownership interest.
- For Personal Real Estate Corporations (PRECs), please provide the legal name of the PREC and the address for service.**

Instructions continued on next page

Important: PRINT or TYPE all information in BLACK INK
Application for Reinstatement: PARTNERSHIP

COMPLETION INSTRUCTIONS SECTIONS I & J: PARTNER/PARTNERSHIP DISCLOSURE QUESTIONS CONTINUED

- Question 2 If you answered yes, you must submit full particulars of the circumstances that led to the matter on a signed and dated statement, along with a copy of the following documents:
- | | |
|---|--------------------------------------|
| Bankruptcy Documents | Consumer Proposal Documents |
| Form 69: Assignment of Bankruptcy | The Consumer Proposal |
| Form 65: Monthly Income & Expense Statement | The Statement of Affairs |
| Form 79: Statement of Assets, Liabilities | The Terms of Payments and Conditions |
| Form 84: Certificate of Discharge (if applicable) | The Statement of Income and Expenses |
| | The Assessment Certificate |
- Question 3 If the applicant answered yes, please submit a copy of each judgment and other such documents pertaining to outstanding debts against you (example: garnishments, requirements to pay, writs of execution etc.) State the amount outstanding and repayment arrangements on a separate sheet. You must also submit full particulars regarding the circumstances that lead to the matter(s) on a signed and dated statement.
- Question 4 If the applicant answered yes, please submit full particulars on a signed and dated statement. A drivers license abstract may be required if there was a suspension.
- Question 5 **All applicants must submit a current, original Canadian Criminal Record and Judicial Matters Check (must be dated within 6 months of submission of the application) as well as anyone that answers "yes".** If "yes" is indicated individuals must also submit the full particulars on a signed and dated statement. This does not include municipal parking violations or minor Highway Traffic Act offences unless your drivers licence was suspended. **This includes a charge where a conditional discharge or an absolute discharge has been granted.**

COMPLETION INSTRUCTIONS SECTION K: INTERESTED PERSONS

A person is deemed to be an interested person in respect of another person where the person may have a beneficial interest in the other person's business, exercise direct or indirect control over the other person, or has provided financing directly or indirectly to the other person's business. Section 10(4) of the *TRESA* defines interested person as follows:

10. (4) For the purposes of this section, a person shall be deemed to be an interested person in respect of another person if the person is associated with the other person or if, in the opinion of the registrar, (a) the person has or may have a beneficial interest in the other person's business; (b) the person exercises or may exercise control either directly or indirectly over the other person; or (c) the person has provided or may have provided financing either directly or indirectly to the other persons business.

Please note that a recognized financial institution that has **directly** supplied financing to a brokerage business should not be disclosed as an interested person but any other person who has directly or indirectly supplied financing must be disclosed.

COMPLETION INSTRUCTIONS SECTION L: ASSOCIATED PERSONS

Please identify in writing the association between the parties listed in Section M. The *TRESA* defines associated persons where one person is associated with another person in any of the following circumstances:

- 1.(2) For purposes of this Act, one person is associated with another person in any of the following circumstances:
1. One person is a corporation of which the other person is an officer or director.
 2. One person is a partnership of which the other person is a partner.
 3. Both persons are partners of the same partnership.
 4. One person is a corporation that is controlled directly or indirectly by the other person.
 5. Both persons are corporations and one corporation is controlled directly or indirectly by the same person who controls directly or indirectly the other corporation.
 6. Both persons are members of the same voting trust relating to shares of a corporation.
 7. Both persons are associated within the meaning of paragraphs 1 to 6 with the same person.

REGISTRATION FEES

Application Fees Apply [CLICK HERE FOR FEE SCHEDULE](#)

Payment by **VISA or Mastercard**, (Credit or Debit), must be made online via [MyWeb](#).

There will be an additional service charge of \$35 for any returned payment.

IF FURTHER ASSISTANCE IS REQUIRED, PLEASE CONTACT RECO AT 416-207-4800 OR TOLL-FREE AT 1-800-245-6910

PLEASE E-MAIL registration@reco.on.ca or FAX 416-207-4820 THE COMPLETED APPLICATION

PARTNERSHIP RESOLUTION

RESOLUTION OF THE PARTNERS OF

_____ (the "Partnership")

(fill in name of partnership as registered with RECO)

BE IT RESOLVED THAT:

In accordance with the requirements of section 12 of the *Trust In Real Estate Services Act, 2002* (the "Act"), whereas the Partnership's registration number with RECO is _____ :
(leave blank if new application)

1. _____

(fill in name of Broker of Record to be registered with RECO)

is hereby designated as the Broker of Record for the Partnership and is employed as the Broker of Record by the Partnership effective _____ ;
(YYYY / MM / DD)

2. the Partnership shall immediately notify the Registrar (the "Registrar") under the Act of the identity of this Broker of Record and thereafter shall notify the Registrar if the Broker of Record changes, within five days of the change; and

3. As of _____ the Partnership delegates to the Broker of Record named in this
(YYYY / MM / DD)

Resolution the full power and authority to ensure that the Partnership complies with the Act and its regulations.

Enacted this date _____.

Witness the seal of the Partnership

Name: _____

Title: _____

Signature (Electronic or Wet Sign)

Authorized Signing Official

Name: _____

Title: _____

Signature (Electronic or Wet Sign)

Authorized Signing Official



Online Payment Process Instructions

Application Steps

- Complete application in full (must include a valid personal email address).
- Submit completed application, along with any supporting documentation to registration@reco.on.ca, or by fax 416-207-4820.
- Pay the application fee online.

Payment Process

When your completed application is submitted to RECO, an email will be sent to you with payment instructions.

Make your payment in full online within two (2) days of the payment instruction email.

If your payment is not made within two (2) days of the email "sent" date, the application will be abandoned, and you will have to reapply. You will be notified by email if your application has been abandoned.

Payment Options

Payments can be made only by Visa or Mastercard. Read the [Registration Fee Schedule](#).

Payment of the application fee is a prescribed requirement of registration or renewal of registration as a broker or salesperson O. Reg. 567/05, s. 4(1), or brokerage O. Reg. 567/05, 6(1).