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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           |                           |  |
|---|-----------------------------------|--|--------------------------------|---------------------------|--|
|   |                                   | L  |                                |                           |  |
| RECO REGISTRATION NUMBER                      | ER                                | 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>/</u> | Address for Service. Must be                                       | a street address, <u>no</u>    | ot just a Post Office Box |  |
| NEW RESIDENTIAL ADDRESS                       | & CONTACT INFORMATION             |  |                                |                           |  |
| (Street Number and Name. If                   | R.R. Give Lot, Concession No. &   | Township)  |                                | Apt. or Suite Number      |  |
| City  |                                   | Province   |                                | Postal Code               |  |
| Telephone Number                              | Cell Phone Number                 | Cell Phone Number E-mail Address                                   |                                | <u>'</u>                  |  |
|   |                                   | 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   |                                |                           |  |
|   |                                   | rement whereby a registered in<br>ervice on file must be disclosed |                                |                           |  |