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registration@reco.on.ca 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 Signat			Signature (E	ture (Electronic of Wet Sign)			Title			Date			
	CHANGE OF ADDRESS				BRANCH CLOSING CHA				NGE	NGE OF BRANCH MANAGE			
		SEC	CTION B EXI	STING B	RANCH ADDRESS	& CONTACT	· INFO	RMATION					
SECTION B EXISTING BRANCH ADDRESS & CONTACT INFORMATION Registered Business Name Branch									Reg	egistration Number			
Existing Branch Address								Sı	Suite or Unit Number				
City					Province					Postal Code			
Business Telephone Number			Busin	Business Fax Number E-mail				ail Address	Address				
					REGISTRAR OF THE								
New Branch	Business Addr				NCH ADDRESS &	CONTACT IN	IFUKIV	MATION		Effective Date YYYY/MM/DD			
New Branch Business Address (Street Number and Name)													
Suite or Unit Number City				Province					Postal Code				
Business Telephone Number			Busir	Business Fax Number				E-mail Address					
New Branch	Address for So	ervice (Must b	e a street add	dress <u>not</u>	t just a Post Office	Box. This a	ddres	s will also be	used	for mailing purposes)			
(An Address for Service is a legislative requirement whereby a registered individual can be served documents)								Effective Date YYYY/MM/DD					
Suite or Unit Number City				Province						Postal Code			
Telephone Number		Fax N	Fax Number			E-mail Address			5				

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								

SECTION E CHANGE OF BRANCH MANAGER															
Please enter the details for the terminating branch manager in Part 1 and the details for the new branch manager in Part 2															
PART 1															
					ı	EFFECTIVE DATE OF CHANGE YYYY / MM / DD									
Type of Notice: TERMINATING															
Registration Number										_					
	tered with	h the con	npany?		YES (<u>'</u>	ио (
Legal Surname	Le	Legal First Name				Legal Middle Name(s)									
PART 2															
						EFFECTIVE DATE OF CHANGE YYYY / MM / DD									
Type of Notice: NEW															
Registration Number															
Legal Surname	Le	Legal First Name			Legal Middle Name(s)										

Form NBRNC Page 2 of 2