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Important: PRINT or TYPE all information in BLACK INK

NOTICE OF ADDRESS CHANGE:

BROKERAGE/SOLE PROPRIETOR/PARTNERSHIP

WARNING - IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION

The und	ersigned is registered					A <i>ct, 2002</i> (Ch	eck One)
		•	Sole Proprietorsh	•	rtnership		
			GNATURE OF SIG				
This form	must be signed by the	sole proprietor	r, a partner, office	er, director	or the brok	er of record	of the applicant
The undersigned hereby of applicant. The undersigned attachments), and all suc	ed hereby certifies that	t he/she has full	ly examined all of	the informa	ation given o	on this applic	
Name	ature			Title		Date	
SECTION B – EXISTING BUSINESS ADDRESS & C Registered Business Name					& CONTACT INFORMATION Registration Number		
Existing Business Address						!	Suite or Unit Number
City		Province				Postal Code	
City			Trovince				1 Ostal Code
Business Telephone Num	Business Fax Number		E-mail Address				
	HEREB	Y NOTIFY THE R	REGISTRAR OF TH	E FOLLOWII	NG CHANGE	ES:	
	SECTION	N C – NEW BUSI	NESS ADDRESS &	CONTACT I	NFORMATI	ON	
New Business Address (St	ne)				-	Effective Date YYYY/MM/DD	
Suite or Unit Number City			Province				Postal Code
unce of other variables		Trovince				1 ostal code	
Business Telephone Number		Business Fax Number		1	E-mail Address		
New Service Address (Mu mailing purposes.)	ist be a street address	not just a Post	Office Box. This a	address will	also be use	d for	Effective Date YYYY/MM/DD
Suite or Unit Number	City		Province				Postal Code
Telephone Number	Fax Number		E-m	E-mail Address			