



Important: PRINT or TYPE all information in **BLACK INK**

APPLICATION FOR NEW: PARTNERSHIP

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

WARNING – IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION ON THIS APPLICATION

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, true, correct and complete, and hereby requests the registration be granted.

Name (Please Print)	Title
Signature	Date

SECTION B – PARTNERSHIP NAME AND ADDRESS

Type of Application: <input checked="" type="checkbox"/> New Registration	Business Category (Check One): <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited
Business Name (Legal Business Name)	
Trade Style Name (if applicable)	
Business Address must be in Ontario (if R.R., give Lot, Concession Number & Township)	Suite or Unit Number
City	Province
Postal Code	
Business Telephone Number	Business Fax Number
Email Address	

SECTION C – 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)

Number & Street (An Address for Service is a legislative requirement whereby a registered individual can be served documents in person)	Suite or Unit Number
City	Province
Postal Code	
Telephone Number	Fax Number
Email Address	



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 Real Estate and Business Brokers Act, 2002 and its regulations and including any amendments or successor legislation (“REBBA 2002”), ensuring compliance under REBBA 2002, dealing and/or handling complaints and inquiries under REBBA 2002
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 REBBA 2002, 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 REBBA 2002, including sections 44 and 48 of REBBA 2002 and sections 11 and 27 of the Regulation (General) under REBBA 2002.

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

Applicant 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.

Real Estate and Business Brokers Act, 2002, S.O. 2002, c.30, Schedule C is referred to as “REBBA 2002”



SECTION H – PARTNER DISCLOSURE QUESTIONS

TO BE COMPLETED BY EACH PARTNER OF A PARTNERSHIP

Please review the **Completion Instructions on Page 6**, before answering YES or NO to the following questions. The following questions must be answered by each Partner of a Partnership. If you answer yes to any question and have not previously disclosed in writing, you must do so now. **All partners must supply a current (must be dated within 6 months of submission of application), original Canadian Criminal Record Check. (Refer to Page 6 for Completion Instructions)**

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

- Are you a Partner, Officer, Director or shareholder in any other business? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
- Are you now or have you ever been involved in personal bankruptcy or insolvency proceedings, filed a consumer proposal, and/or been an officer, director or 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? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
- Are there any unpaid judgments and/or unpaid debts outstanding against you, including but not limited to, CRA Requirement to Pay and garnishments, or are you an officer, director or majority shareholder of a corporation or partner of a partnership to which the preceding statement applies? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
- Have you ever had a registration and/or licence or professional status of any kind refused, suspended, revoked, or cancelled and/or have you been involved in any proceeding during which you resigned a registration or licence or professional status of any kind, or are there any proceedings pending, or are you an officer, director or majority shareholder of a corporation or partner of a partnership to which the preceding statement applies? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
- Are there currently any charges pending, or have you ever been found guilty, pleaded guilty to, or been convicted of an offence under any law, or are you an officer, director or majority shareholder of a corporation or partner of a partnership to which the preceding statement applies? **(If yes, refer to Page 6 for Completion Instructions)** Yes No

NOTICE TO REGISTRAR RE: CERTAIN CHANGES REBBA 2002 34. (1)

If there is a change to any of the information that was included in the registrant's application under section 3, the registrant shall notify the registrar, in writing, within five days after the change takes place and shall set out the nature of the change. O. Reg. 567/05, s. 34 (1).

WARNING - IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION ON THIS APPLICATION.

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



SECTION I – PARTNERSHIP DISCLOSURE QUESTIONS

The following questions must be answered on behalf of the Partnership. Please review the Completion Instructions before answering YES or NO to the following questions. If you answer yes to any question and have not previously disclosed in writing, you must do so now. **Refer to Page 6 for Completion Instructions.**

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

1. Is the Partnership a partner or shareholder in any other business? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
2. 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? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
3. 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? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
4. 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? **(If yes, refer to Page 6 for Completion Instructions)** Yes No
5. 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 applies? **(If yes, refer to Page 6 for Completion Instructions)** Yes No

NOTICE TO REGISTRAR RE: CERTAIN CHANGES REBBA 2002 34. (1)

If there is a change to any of the information that was included in the registrant's application under section 3, the registrant shall notify the registrar, in writing, within five days after the change takes place and shall set out the nature of the change. O. Reg. 567/05, s. 34 (1).

WARNING – IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION ON THIS APPLICATION.

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



■ N/A Please check, the N/A box if this section does not apply **SECTION J – INTERESTED PERSONS**

Please identify, if applicable, any Interested Person(s) as identified in Section 10(4)(a), (b) & (c) of the REBBA, 2002.
Refer to Page 7 for Completion Instructions.

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

■ N/A Please check, the N/A box if this section does not apply **SECTION K – ASSOCIATED PERSONS**

Please identify, if applicable, any Associated Person(s) as defined in Section 1 (2) of the REBBA, 2002.
Refer to Page 7 for Completion Instructions.

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

COMPLETION INSTRUCTIONS – SECTION G – PARTNER INFORMATION

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 H & I PARTNER/PARTNERSHIP DISCLOSURE QUESTIONS

- Question 1 If the applicant answered yes, please submit full particulars on a signed and dated statement.
- Question 2 If you answered yes, you must submit full particulars on a signed and dated statement, along with a copy of the following documents:

Form 69: Assignment of Bankruptcy	Form 79: Statement of Assets, Liabilities
Form 65: Monthly Income & Expense Statement	Form 84: Certificate of Discharge (if applicable)

OR

The Consumer Proposal	The Statement of Income and Expenses
The Statement of Affairs	The Assessment Certificate
The Terms of Payments and Conditions	
- 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 driver’s license abstract may be required if there was a suspension.
- Question 5 All applicants must submit a current, original Canadian Criminal Record 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 driver’s licence was suspended. **This includes a charge where a conditional discharge or an absolute discharge has been granted.**



COMPLETION INSTRUCTIONS – SECTION J – 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 *REBBA 2002* 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 K – ASSOCIATED PERSONS

Please identify in writing the association between the parties listed in Section M. The *REBBA 2002* 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

Payment can be made by Cheque, Bank Draft, Money Order, Visa or MasterCard, made payable to the "Real Estate Council of Ontario".

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

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

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 the partnership as registered with RECO)

BE IT RESOLVED THAT:

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

1. _____ is hereby designated as the Broker of Record for the
(fill in name of Broker of Record to be registered with RECO)
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 Resolution
(YYYY / MM / DD)

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

Enacted this _____ day of _____, 20_____.

Witness the seal of the Corporation

Name: _____

Title: _____

Signature

Authorized Signing Official

Name: _____

Title: _____

Signature

Authorized Signing Official



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



CREDIT CARD PAYMENT

PLEASE NOTE THAT INCOMPLETE CREDIT CARD PAYMENT FORMS CANNOT BE PROCESSED

PLEASE ENSURE THAT ALL FIELDS ARE COMPLETED IN FULL TO ENABLE US TO PROCESS YOUR APPLICATION

PAYMENT INFORMATION

Name(s) of applicants (If Business Application-Business Name Required)	Registration number (If New Application leave blank)	Fee

CREDIT CARD INFORMATION

VISA OR MASTERCARD Accepted

Cardholder's name

Card Number

Expiry Date

<input type="text"/>	<input type="text"/>
MM	YYYY

CVV

Signature

Date

E-mail

Please note: the email address provided on this form will replace the one currently on file with the RECO (if applicable) and will be utilized as the primary email address for all future electronic communications. Should you wish to amend the address in the future you may do so by visiting My Web and making the necessary amendments.