



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 Real Estate and Business Brokers Act, 2002 (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 Signature (Electronic or Wet Sign) Title Date

CHANGE OF ADDRESS BRANCH CLOSING CHANGE OF BRANCH MANAGE

SECTION B EXISTING BRANCH ADDRESS & CONTACT INFORMATION Registered Business Name Branch Registration Number Existing Branch Address Suite or Unit Number City Province Postal Code Business Telephone Number Business Fax Number E-mail Address

HEREBY NOTIFY THE REGISTRAR OF THE FOLLOWING CHANGES: SECTION C NEW BRANCH ADDRESS & CONTACT INFORMATION New Branch Business Address (Street Number and Name) Effective Date YYYY/MM/DD Suite or Unit Number City Province Postal Code Business Telephone Number Business Fax Number E-mail Address New Branch Address for Service (Must be a street address not just a Post Office Box. This address will also be used for mailing purposes) (An Address for Service is a legislative requirement whereby a registered individual can be served documents in person) Effective Date YYYY/MM/DD Suite or Unit Number City Province Postal Code Telephone Number Fax Number E-mail Address

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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 <u>Part 1</u> and the details for the new branch manager in <u>Part 2</u>		
PART 1		
Type of Notice: TERMINATING	EFFECTIVE DATE OF CHANGE YYYY / MM / DD	
Registration Number	Will individual remain registered with the company? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Legal Surname	Legal First Name	Legal Middle Name(s)
PART 2		
Type of Notice: NEW	EFFECTIVE DATE OF CHANGE YYYY / MM / DD	
Registration Number		
Legal Surname	Legal First Name	Legal Middle Name(s)