



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

## NOTICE OF EMPLOYEE CHANGE FORM: TRANSFER

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

Employee Signature		Name & Title of Authorized Signing Official (Please Print)		Signature of Authorized Signing Official		Date	
<b>IMPORTANT INFORMATION</b>							
<b>RECO REGISTRATION NUMBER</b>							
<p>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 - <a href="#">CLICK HERE FOR FEE SCHEDULE</a></p> <ul style="list-style-type: none"> <li>If an employee has been terminated in excess of 60 days, a Transfer will not be accepted. After 60 days, an employee must file an Application for Reinstatement with the appropriate fee and include a Declaration of Continuing Education form, as required.</li> <li>The Address for Service must be identified in order to process a transfer.</li> </ul> <p>A copy of the termination letter (if the termination was initiated by your brokerage) or resignation letter (if the termination was initiated by you) must accompany this form.</p> <p>Please ensure that the "effective date" reflected in the termination/resignation letter matches the "effective termination date" entered on this form.</p>							
<b>TRANSFER OF EMPLOYEE (attach Original Certificate of Registration)</b>							
Legal Surname		Legal First Name			Legal Middle Name(s)		
Residential Address - (If R.R.: Give Lot, Concession Number & Township)					Apt. or Suite Number		City
Province	Postal Code	Telephone Number		Cell Phone Number		E-mail Address	
<b>NEW ADDRESS FOR SERVICE</b> – An Address for Service is a legislative requirement whereby a registered individual can be served documents in person. (Must be a street address <u>not just</u> a Post Office Box. This address will also be used for mailing purposes.)							Apt. or Suite Number
City	Province	Postal Code	Telephone Number		Fax Number		
PREVIOUS EMPLOYER INFORMATION Business Name					Effective Termination Date YYYY/MM/DD		
Did you initiate the termination with your previous Employer?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
➤ If yes, it is your responsibility to give written notice of termination to your previous Employer. ➤ If no, please enclose a copy of the termination letter provided to you by your brokerage.							
NEW EMPLOYER INFORMATION Business Name			Brokerage Registration Number		Effective Transfer Date YYYY/MM/DD		



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## 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

CVV: \_\_\_\_\_

Cardholder's name

Card Number

Expiry Date

  
MM  
YYYY

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.*