## **Real Estate Council of Ontario**

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Important: PRINT or TYPE all information in BLACK INK

## **NOTICE OF ADDRESS CHANGE FORM: SALESPERSON / BROKER**

ADDRESS CHANGE: Complete all applicable fields to ensure RECO records are accurate.

| Registrant Signature   |   |                                   | <b>Date</b>                    |                       |                      |  |
|--|---|-----------------------------------|--------------------------------|-----------------------|----------------------|--|
|  |   |                                   |                                |                       |                      |  |
| RECO REGISTRATION NUMBER   |   |                                   | EFFECTIVE DATE: YYYY / MM / DD |                       |                      |  |
|  |   |                                   |                                |                       |                      |  |
| Legal Surname Legal First Name   |   | First Name                        | Legal Middle                   |                       | Name(s)              |  |
| *Address for Service Confirmation  |   |                                   |                                |                       |                      |  |
| ☐ I wish my Residential Address to be my Address for Service. (Must be a street address, not just a Post Office Box)   |   |                                   |                                |                       |                      |  |
| NEW RESIDENTIAL ADDRESS & CONTACT INFORMATION  |   |                                   |                                |                       |                      |  |
| (Street Number and Name. If R.R. Give Lot, Concession No. & Township)  |   |                                   |                                |                       | Apt. or Suite Number |  |
| City   |   | Provi                             | Province                       |                       | Postal Code          |  |
| Telephone Number   | Cell Phone Number                                     | er                                | E-mail Address                 |                       |                      |  |
| NEW ADDRESS FOR SERVICE (Must be a street address, not just a Post Office Box. This address will also be used for mailing purposes.)   |   |                                   |                                |                       |                      |  |
| NEW ADDRESS FOR SERVICE (Include Business Name if Ap   |   | is, <u>not just</u> a Post Office | e Box. This address wi         | ll also be used for m | ailing purposes.)    |  |
| Street Number and Name   |   |                                   |                                | A                     | pt. or Suite Number  |  |
| City   |   | Provi                             | nce                            | Р                     | ostal Code           |  |
| Telephone Number   | Fax Number  |                                   | E-mail Address                 | l .                   |                      |  |
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