



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

Form section: The undersigned is registered as a Branch under the Trust in Real Estate Services 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...

Form section: CHANGE OF ADDRESS BRANCH CLOSING CHANGE OF BRANCH MANAGE

Form section: 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

Form section: 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) 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)