



CERTIFICATION DEPARTMENT
NOTICE OF CHANGE OF REAL ESTATE AGENCY

SECTION I – IDENTIFICATION

Mr. Mrs.

Licence number:

Name:

LAST NAME	FIRST NAME

Email address: _____

SECTION II – LOCATION OF PRACTICE

NOTICE OF CHANGE: The client must be notified in writing no later than the day of the change. Notices have been designed based on the broker's status. Read article 200430: *Notice – Agency or status change* for more information in this regard.

Starting date:

DAY MONTH YEAR

NOTE: The broker can act only once the OACIQ's *Register of Licence Holders* has been updated.

Address of establishment where I will carry out my activities:

NUMBER	STREET	SUITE
MUNICIPALITY	PROVINCE	POSTAL CODE
AREA CODE	TELEPHONE NUMBER	AREA CODE FAX NUMBER

SECTION III – AGENCY'S UNDERTAKING

Agency's licence number:

Name of the agency:

The agency agrees to employ the licence holder or to authorize him to act on its behalf as soon as the modification will be effective.

Check the box corresponding to your position in the agency:

Agency executive officer

Authorized signatory

Name of agency executive officer:

LAST NAME	FIRST NAME

X _____
SIGNATURE OF AGENCY EXECUTIVE OFFICER / AUTHORIZED OFFICER

Date:

DAY MONTH YEAR

SECTION IV – CONSENT, DECLARATION AND SIGNATURE

I CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This personal information is necessary; it is required by the *Real Estate Brokerage Act* (CQLR, c. C-73.2) and its regulations for the issuance of OACIQ licences. This information will be used for the following purposes:

- Verification of your identity.
- Processing of your application to operate on behalf of a new agency to ensure that your application meets the conditions set forth in the regulations.
- Payment of your application fee.
- Keeping of the OACIQ Register of licence holders.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff members or committee members whose duties so require.

The payment information collected via this form is destroyed once the processing of your application is completed.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

Right of access and correction

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

Consequences of refusal

This collection of your personal information is necessary to process your application. In the event that you withdraw your consent to the collection, use or disclosure of your personal information, the OACIQ will not be able to receive or process your application.

Consent

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information.
I consent to the collection, use and disclosure of my personal information.

I DECLARE that all the information contained in this form is accurate and I understand that any misrepresentation will result in the revocation of my licence. **I undertake to notify the OACIQ immediately of any change to this information.**

X

SIGNATURE

Date :

DAY	MONTH	YEAR									

**Please sign the form AFTER
completing ALL the sections.**

SECTION V – PAYMENT OF FEES

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at synbad.com/fees.

AMOUNT DUE (including taxes): \$,

File or licence number:
(IF APPLICABLE)

METHOD OF PAYMENT

CREDIT CARD or CHEQUE OR MONEY ORDER (to the order of OACIQ)

Visa

MasterCard



- - -

CARD NUMBER

EXPIRATION (MM/YY)

CVV/CVC

The CVV/CVC is a three-digit code located on the back of your credit card.

Name of cardholder (if different from applicant)

X

CARDHOLDER'S SIGNATURE

PLEASE SEND YOUR PAYMENT AND DOCUMENTS

to the Certification Department by email at CERTIFICATION@OACIQ.COM,
by mail or by fax to any of the contact information
indicated below.

Organisme d'autoréglementation du courtage immobilier du Québec

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