



**Real Estate Council of Ontario**  
 3250 Bloor St. W., East Tower, Suite 600,  
 Toronto, Ontario M8X 2X9  
 Telephone: 416-207-4800 or 1-800-245-6910  
 Fax: 416-207-4820  
 E-mail: registration@reco.on.ca  
 Website: www.reco.on.ca



FOR OFFICE USE ONLY	
Approved By:	Date:
Registration #	
Scanning Code TRM <input type="checkbox"/> XFR <input type="checkbox"/>	

Form: NECTT/09April2010

For Office Use Only - Date Received

Important: PRINT or TYPE all information in BLACK INK

## Notice of Employee TRANSFER

### IMPORTANT INFORMATION

Payment can be made by Cheque, Bank Draft, Money Order, Visa or Mastercard made payable to the "Real Estate Council of Ontario". **DO NOT SEND CASH BY MAIL.**

Fee: \$100\*

**\*EFFECTIVE APRIL 1, 2010 THE TRANSFER FEE INCREASED TO \$100.**

- If an employee has been terminated for 60 days or more, 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 Continuing Education form, as required
- The Address for Service must be completed in order to process a transfer.

**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.**

Please ensure that the "effective date" reflected in the termination/resignation letter matches the "termination date" entered on this form.

### TRANSFER OF EMPLOYEE (attach Certificate of Registration)

Last Name		Full First Name		Middle Name	Registration No.
Residence Address - (If R.R.: Give Lot, Concession No. & Township) (Street Number & Name)				Apt. or Suite	City
Province	Postal Code	Telephone No. ( )	Fax No. ( )	E-mail Address	
ADDRESS FOR SERVICE - MUST BE COMPLETED IN ORDER TO PROCESS TRANSFER (Street Number & Name)				Apt. or Suite	City
Province	Postal Code	Telephone No. ( )	Fax No. ( )	E-mail Address	
PREVIOUS EMPLOYER INFORMATION Business Name					Termination Date
					YEAR MONTH DAY
1. Are you a Partner, Officer, Director or shareholder in any registered real estate business? If you answered yes, you must submit full particulars on a signed and dated statement.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you initiate the termination with your previous Employer? If yes, it is your responsibility to give written notice of termination to your previous Employer. If no, please enclose a copy of the letter provided to you by your brokerage. Enclose a copy of the written notification with this form.					<input type="checkbox"/> Yes <input type="checkbox"/> No
NEW EMPLOYER INFORMATION Business Name			Business Registration No.	Starting Date	
Business Address (Street Number & Name)			Suite #	YEAR	MONTH DAY
City			Province	Postal Code	
Telephone No. ( )		Fax No. ( )		E-mail Address	
Employee's Signature	Name of Authorized Signing Official (Please Print):		Signature	Title	Date



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Form: CCP



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## Credit Card Payment

PAYMENT INFORMATION		
Name(s) of Applicant(s)	Registration Number	Fee
Please debit this amount from my credit card <b>TOTAL Cdn \$</b>		

CREDIT CARD INFORMATION	
Check appropriate box:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Cardholder's Name:	_____
Card #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	____ / ____ Month      Year
Signature:	_____
Date:	_____



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