



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"/>	

For Office Use Only - Date Received

Important: PRINT or TYPE all information in BLACK INK

Notice of Employee TRANSFER

Form: NECTT/09April2010

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 TOTAL Cdn \$		

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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