



## REQUEST TO POSTPONE AN EXAMINATION

### IMPORTANT

You must send this duly completed form to any of the **contact details indicated on page 3** of this form. **To send documents electronically, it is mandatory to send your documents IN A SINGLE EMAIL to [examen@oaciq.com](mailto:examen@oaciq.com), otherwise your application will not be processed.**

### SECTION I – IDENTIFICATION

Mr. Mrs.

Date of birth:

DAY MONTH YEAR

Name at birth:

LAST NAME

FIRST NAME

Address:

NUMBER

STREET

APT. / SUITE / PREMISES

MUNICIPALITY

PROVINCE

POSTAL CODE

AREA CODE

HOME PHONE NO.

AREA CODE

CELLPHONE NO.

Email address: \_\_\_\_\_

### SECTION II – FILE NUMBER

If it has already been given to you, please indicate your file number or your synbad.com access number; or if you have or have ever been issued a licence by the OACIQ or a certificate issued by the ACAIQ, indicate the number of this licence or certificate: \_\_\_\_\_

### SECTION III – EXAMEN

Type of examination: Residential real estate broker Commercial real estate broker Agency executive officer

New examination date requested:

DAY MONTH YEAR

(The date selected by the OACIQ will be confirmed by mail, based on availability and once your file is complete. Please consult the *Calendar of examinations* on the OACIQ website at: [oaciq.com/exams](http://oaciq.com/exams).)

**POSTPONEMENT FEES WILL APPLY.** See *List of administrative fees* on the OACIQ website at: [synbad.com/fees](http://synbad.com/fees).

**Examination fees are not refundable, UNLESS YOU CANCEL YOUR REQUEST BEFORE THE EXAMINATION SESSION. In this case, note that FEES RELATED TO THE CANCELLATION AND TO THE CLOSING OF THE FILE WILL BE RETAINED.**

## SECTION IV – CONSENT, DECLARATION AND SIGNATURE

### **1** 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 information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Processing of your application to postpone the OACIQ certification exam.
- Processing of your application for OACIQ licence issuance to ensure that your application meets the conditions set forth in the regulations.
- Payment of your application fee.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff 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 closing of my file. **I undertake to notify the OACIQ immediately of any change to this information.**

**X**

SIGNATURE

Date : 

DAY	MONTH	YEARS								

**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](http://synbad.com/fees).

AMOUNT DUE (including taxes): \$      ,

File or licence No.:        
(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 Education Department by email at [EXAMEN@OACIQ.COM](mailto:EXAMEN@OACIQ.COM),  
by mail or by fax to any of the contact information  
indicated below.

**Organisme d'autoréglementation du courtage immobilier du Québec**

4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2

Tel.: 450-462-9800 or 1-800-440-7170 • Fax: 450-676-3513 • [examen@oaciq.com](mailto:examen@oaciq.com) • [oaciq.com](http://oaciq.com)