



INSPECTION DEPARTMENT

## NOTICE OF CLOSING OF A GENERAL TRUST ACCOUNT

Section 40 of the Regulation respecting records, books and registers,  
trust accounting and inspection of brokers and agencies

### SECTION I – IDENTIFICATION OF THE LICENCE HOLDER

Mr.

Mrs.

Licence Number:

Name of broker acting on his own account or agency executive officer:

LAST NAME

FIRST NAME

Name of agency (if applicable):

NOM

LICENCE NUMBER

Address of main establishment:

NUMBER

STREET

SUITE

MUNICIPALITY

PROVINCE

POSTAL CODE

### SECTION II – IDENTIFICATION OF THE DEPOSITARY FINANCIAL INSTITUTION

Name of agency:

Address:

NUMBER

STREET

SUITE

MUNICIPALITY

PROVINCE

POSTAL CODE

### SECTION III – DECLARATIONS AND SIGNATURE

1. Trust account number:

2. Trust account closing date:

JOUR

MOIS

ANNÉE

IN WITNESS WHEREOF, I have signed in

MUNICIPALITY

on

DAY

MONTH

YEAR

X

SIGNATURE OF REAL ESTATE BROKER ACTING ON HIS OWN ACCOUNT OR OF AGENCY EXECUTIVE OFFICER

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

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