



## SECTION IV – PRIVILEGES ASSOCIATED WITH A COLLABORATOR'S ACCESS TO SYNBAD

### GENERAL

- Access to **My AEO Space**
- Receipt of the weekly newsletter PRO@CTIVE

### MY RECORD

- Monitoring of my brokers (training courses, photo change, licence maintenance)
- Agency licence maintenance receipts

### ONLINE PURCHASES

- Electronic forms (InstanetForms®)
- Training courses (Professional Development Portal via the My training portal section)

## SECTION III – CONSENT, DECLARATION AND SIGNATURE

### **!** 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 authorize or withdraw an agency collaborator's access to synbad.com.

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

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. 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.**

### 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 • certification@oaciq.com • oaciq.com