



APPLICATION FOR AUTHORIZATION TO PRACTISE WITHIN A BUSINESS CORPORATION

IMPORTANT

TO BE AUTHORIZED TO PRACTISE WITHIN A BUSINESS CORPORATION, THE LICENCE HOLDER MUST COMPLY WITH THE FOLLOWING CONDITIONS:

1. Hold at least 90% of voting rights attached to the shares of the corporation;
2. Be the president of the corporation;
3. The information referred to in paragraphs 1 and 2 can be verified when examining the documents that can be required under paragraph 8;
4. Having sent to the OACIQ the documents required in section III of this form, on which the conditions indicated previously may be verified;
5. Having concluded an agreement between his corporation that he represents and the agency for which he acts;
6. Act for the agency exclusively through the corporation;
7. The corporation's main name includes the licence holder's first name and last name as they appear on his licence;
8. Provide all documents requested by the OACIQ, in accordance with applicable regulations.

When the licence holder who carries out his activities within a business corporation notes that one of the conditions set forth in this regulation is no longer met, he must, within 15 days of this observation, take the necessary measures to correct the situation. Otherwise, he ceases to be authorized to carry out his activities within a business corporation.

When the OACIQ notes that the broker was authorized to carry out his activities within a business corporation under false representations, he ceases immediately to be authorized to carry out his activities within this corporation. The OACIQ reserves the right to make sure that the abovementioned conditions are complied with.

SECTION I – IDENTIFICATION

Mr.
Mrs.
Licence No.:

Name:

LAST NAME	FIRST NAME

Business corporation (the corporation's main name must include the broker's first name and last name as they appear on his or her licence)

NAME OF ENTERPRISE

Québec Enterprise Number (QEN):

SECTION II – AGENCY'S CONSENT

Name of the agency:
Licence no. of the agency for which the broker works:

An agreement has been concluded between the business corporation, represented by the broker, and the agency for which the latter works.

	Yes	No
--	-----	----

The agency agrees that the broker works exclusively for it via the business corporation.

	Yes	No
--	-----	----

Mr.
Mrs.

Name of the agency executive officer:

LAST NAME	FIRST NAME

X _____ **Date:**

SIGNATURE OF AGENCY EXECUTIVE OFFICER / AUTHORIZED OFFICER

DAY MONTH YEAR

SECTION III – DOCUMENTS TO BE PROVIDED

(You must provide the following documents, unless you have already submitted them to the OACIQ.)

REGISTRATION

Please provide a statement showing up-to-date information on this corporation, as published in the Register of Sole Proprietorships, Partnerships, and Legal Persons (Registraire des entreprises du Québec).

SHAREHOLDERS

When the broker is not the sole shareholder, please provide the names of all shareholders and, for each, the percentage of voting rights attached to the shares they hold.

SECTION IV – CONSENT, DECLARATION AND SIGNATURE

I 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 for authorization to operate within a business corporation to ensure that your application meets the conditions set forth in the regulations.
- Payment of your application fee.
- Keeping of the OACIQ Register of licence holders.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff members or committee 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 revocation of my licence. **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.

AMOUNT DUE (including taxes): \$,

File or licence Number:
(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 Certification Department by email at CERTIFICATION@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 • certification@oaciq.com • oaciq.com