



CERTIFICATION DEPARTMENT

REQUEST FOR ACCESS TO THE SECURE SITE OF THE OACIQ SYNBAD.COM

IMPORTANT

To access synbad.com, the secure site reserved for brokers, you must have a valid licence of practice issued by the OACIQ. However, students enrolled in a basic training program recognized by the OACIQ may request access to the secure site by completing this form and returning it to the OACIQ Certification Department.

SECTION I – IDENTIFICATION

Mr. Mrs.

Name at birth

LAST NAME	FIRST NAME

Date of birth:

DAY	MONTH	YEAR	

Address:

NUMBER	STREET	APT. / SUITE / SPACE
MUNICIPALITY	PROVINCE	POSTAL CODE
AREA CODE	TELEPHONE NUMBER	AREA CODE CELLPHONE

Email address: _____

SECTION II – FILE NUMBER

If you have already been granted one, you must enter your file number or, if you have ever been an OACIQ licence holder or an ACAIQ certificate holder, the licence or certificate number:

SECTION III – EDUCATIONAL INSTITUTION

Name of educational institution: _____

Name and code of training program: _____

SECTION IV – DOCUMENTS TO BE PROVIDED

You must provide **proof of enrollment in a training program**.

I attach a copy of a document certifying that I am enrolled in a basic training program recognized by the OACIQ.

SECTION V – 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 access the OACIQ secure site synbad.com.

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