



CERTIFICATION DEPARTMENT
REQUEST FOR CHANGE OF NAME
 Real estate broker

SECTION I – IDENTIFICATION

 Licence Number:

Mr. Mrs.

Date of birth:

 DAY MONTH YEAR

Name:

LAST NAME

FIRST NAME

Address:

NUMBER

STREET

MUNICIPALITY

PROVINCE

AREA CODE

HOME PHONE NUMBER

AREA CODE

CELLPHONE NUMBER

Electronic addresses:
 E-MAIL

 WEBSITE (IF APPLICABLE)

SECTION II – CHANGE OF NAME
New last name or first name:

LAST NAME

FIRST NAME

1. REQUESTED CHANGE

Change of last name or first name (official name on the Register of Civil Status)

Addition of usual last name or first name (name you are commonly know by)

2. EFFECTIVE DATE OF CHANGE:

DAY

MONTH

YEAR

Note that the change of name will be effective only once the OACIQ's Register of Licence Holders has been updated.
SECTION III – DOCUMENT TO BE PROVIDED
(You must provide the following document(s), if applicable, unless you have already submitted them to the OACIQ.)
CHANGE OF LAST NAME OR FIRST NAME

A copy of the change of name certificate delivered by the Registrar of Civil Status.

SECTION III – DOCUMENT TO BE PROVIDED (continued)

If the usual name requested has not officially been changed with the Registrar of Civil Status, please provide us with two documents certifying the use of this usual name among the following:

- Copy of an ID document;
- Copy of a legal document;
- Copy of a utility bill from a service provider;
- Copy of a school report card, a diploma, a certificate of studies or any other similar document.

SECTION IV – SWORN STATEMENT

(To be completed in front of a commissioner if a usual name or given name is added)

I make this solemn declaration that the following first name or usual name is the one I am known by in my professional and social life

First name or usual name of applicant:

(PLEASE PRINT)

X

SIGNATURE OF APPLICANT

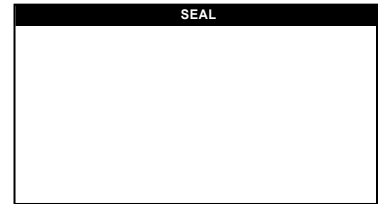
Declared before me at:

NAME OF MUNICIPALITY

Number of commissioner

Name of commissioner:

(PLEASE PRINT)



X

SIGNATURE OF COMMISSIONER

Date : _____

DAY MONTH YEAR

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 personal information is necessary; it is required by the *Real Estate Brokerage Act* (CQLR, c. C-73.2) and its regulations for the issuance of OACIQ licences. This information will be used for the following purposes:

- Verification of your identity.
- Processing your name change application to ensure that it 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 method information collected via this form and the documents containing the personal information provided in support of your application are 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 by the OACIQ

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	YEAR							

**Please sign the form AFTER
completing ALL the sections.**

SECTION VI – 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 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 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

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