

CERTIFICATION DEPARTMENT

AUTHORIZING OR WITHDRAWING A COLLABORATOR'S ACCESS TO SYNBAD.COM

IMPORTANT

Access to synbad.com granted to a collaborator from your agency allows one of your employees to access more specific content about your role as agency executive officer. This way, you will be better supported in the follow-ups you need to do with your brokers.

The number of accesses that can be granted is illimited. In addition, designated collaborators are not required to be real estate broker's licence holders.

Please see the table on page 2 for the privileges associated with this access.

SECTION I – IDENTIFICATION OF AGENCY EXECUTIVE OFFICER

Mr.		Mrs												Li	icer	nce i	านท	ıber	:					
Name of	the pe	rson:																						
														1										
LAST NAME									FIR	ST NA	ME													
Agency	name:																	1		I				
NAME																				LICEN	CE NU	JMBER	2	

SECTION II – AUTHORIZING OR WITHDRAWING A COLLABORATOR'S ACCESS TO SYNBAD.COM

1. Name of th	ne person:			1				. 1
LAST NAME				FIRST NAME				
Email addres	ss:				Licence number:			
Action:	Authorization	Withdrawal	Effective Date:	DAY MONTH	YEAR			
2. Name of th	ne person:							
LAST NAME				FIRST NAME		I		1
Email addres	ss:				Licence number:			
Action:	Authorization	Withdrawal	Effective Date:	DAY MONTH	YEAR			
3. Name of th	ne person:							
Email addres	ss:			FIRST NAME	Licence number:			
Action:	Authorization	Withdrawal	Effective Date:	DAY MONTH	YEAR			
4. Name of th	ne person:							
LAST NAME				FIRST NAME				
Email addres	ss:				Licence number:			
Action:	Authorization	Withdrawal	Effective Date:	DAY MONTH	YEAR			PAGE 1

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.

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SIGNATURE

Date : Day MONTH YEAR

Please sign the form AFTER completing ALL the sections.

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