

WARNING

Be advised that failure to receive the following information, the licence holder's records and registers may be seized and archived by the Organization. All the costs incurred must be paid by the licence holder.

IDENTIFICATION OF THE REAL ESTATE OR MORTGAGE AGENCY OR THE REAL ESTATE OR MORTGAGE BROKER ACTING ON HIS OWN ACCOUNT WHO CEASES HIS ACTIVITIES

Licence No.

Note that sections I - II and III must be completed.

SECTION I PLEASE SELECT THE OPTION THAT APPLIES TO YOU

OPTION 1

COMPLETE THIS SECTION IF YOU ARE **NOT TURNING OVER** YOUR RECORDS AND REGISTERS TO ANOTHER REAL ESTATE OR MORTGAGE AGENCY OR REAL ESTATE OR MORTGAGE BROKER ACTING ON HIS OWN ACCOUNT.

Address where records and registers will be kept

NO.	STREET	APT. / SUITE / SPACE
MUNICIPALITY	PROVINCE	POSTAL CODE

By completing this section, you attest to the security of this location, including with regards to the destruction of records and registers, and you ensure the protection of confidential information contained therein.

OPTION 2

COMPLETE THIS SECTION ONLY IF YOU ARE **TURNING OVER** YOUR RECORDS AND REGISTERS TO ANOTHER REAL ESTATE OR MORTGAGE AGENCY OR REAL ESTATE OR MORTGAGE BROKER ACTING ON THIS OWN ACCOUNT.

Identification of real estate or mortgage agency or real estate or mortgage broker acting on his own account to whom records and registers have been turned over.

Licence No.

Name and address:

NAME		
NO.	STREET	APT. / SUITE / SPACE
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SECTION II NOTICE OF DISCLOSURE

Since January 1 of this year, has your brokerage firm or one of your brokers or yourself (directly or indirectly) purchased, sold or exchanged an immovable or enterprise or represented a relative in a transaction for the sale, purchase or exchange of an immovable or acted as lender with regards to a loan secured by immovable hypothec?

Yes No

Note: If yes, do not forget to send a copy of your Register of disclosure notices to the Inspection Department.

SECTION III

NOTICE OF CLOSING OF A GENERAL TRUST ACCOUNT

(If the account has been delegated, please ignore this section)

The account number _____

Opened with the financial institution _____

Address of the financial institution:

NO.	STREET	APT. / SUITE / SPACE
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has been closed on the _____ day of _____ 20 _____.

IMPORTANT

Please note that if you do not close the trust account within the specified period, the OACIQ is authorized to close it. Any remaining sums will be paid to the OACIQ financing fund.

TRUST TRANSACTION REPORT

Since January 1 of this year, have there been any deposits and/or withdrawals of any kind whatsoever in your general trust account?

Yes No

Note: If yes, do not forget to send your Trust transaction report – Summary of deposits and withdrawals including bank statements.

CHANGE OF ADDRESS: IMPORTANT

If applicable, please notify the OACIQ in writing of any change of location where your records and registers are being kept for SIX YEARS after you cease your activities.

IN WITNESS WHEREOF I have signed in _____

on _____ day of _____ 20 _____.

X
SIGNATURE OF REAL ESTATE OR MORTGAGE AGENCY OR REAL ESTATE OR MORTGAGE BROKER ACTING ON HIS OWN ACCOUNT

“By signing this form, I acknowledge that the information contained herein may be shared with third parties by the OACIQ.”