



**Real Estate Council  
of Ontario**

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**FOR OFFICE USE ONLY**

Approved By:	Date:
Registration No.:	
Scanning Code XFR <input type="checkbox"/>	

For office use only – Date received

Form NE XFR/ March 2012

**Important: PRINT or TYPE all information in BLACK INK**  
**Notice of Employee TRANSFER**

**IMPORTANT INFORMATION**

Payment can be made by Cheque, Bank Draft, Money Order, Visa or Mastercard made payable to the "Real Estate Council of Ontario".  
**DO NOT SEND CASH BY MAIL.**

**Fee: \$100\*      \*EFFECTIVE APRIL 1, 2010 THE TRANSFER FEE INCREASED TO \$100.**

- If an employee has been terminated for 60 days or more, a Transfer will not be accepted.
- After 60 days, an employee must file an Application for Reinstatement with the appropriate fee and include a Declaration of Continuing Education form, as required.
- The Address for Service must be completed in order to process a transfer.

A copy of the termination letter (if the termination was initiated by your brokerage) or resignation letter (if the termination was initiated by you) must accompany this form.

Please ensure that the "effective date" reflected in the termination/resignation letter matches the "termination date" entered on this form.

**TRANSFER OF EMPLOYEE (attach Certificate of Registration)**

Last Name		Full First Name		Middle Name		Registration No.		
Residence Address - (If R.R.: Give Lot, Concession No. & Township) (Must be a street address)						Apt. or Suite	City	
Province	Postal Code	Telephone No.		Fax No.		E-mail Address		
ADDRESS FOR SERVICE – (Must be a street address)						Apt. or Suite	City	
Province	Postal Code	Telephone No.		Fax No.		E-mail Address		
PREVIOUS EMPLOYER INFORMATION Business Name						Termination Date		
						YEAR	MONTH	DAY
1. Are you a Partner, Officer/Director or shareholder in any registered real estate business? If you answered yes, you must submit full particulars on a signed and dated statement. <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>								
2. Did you initiate the termination with your previous Employer? If yes, it is your responsibility to give written notice of termination to your previous Employer. <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If no, please enclose a copy of the termination letter provided to you by your brokerage.								
NEW EMPLOYER INFORMATION Business Name				Business Registration No.		Starting Date		
						YEAR	MONTH	DAY
Business Address (Street Number & Name)				Suite #	City			
Province	Postal Code	Telephone No.		Fax No.		E-mail Address		
Employee Signature		Name & Title of Authorized Signing Official (Please Print)			Signature		Date	



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## CREDIT CARD PAYMENT

### PAYMENT INFORMATION

Name(s) of applicants	Registration number	Fee

Please debit this amount from my credit card

\$
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Enter the total amount from the entry(s) above.

### CREDIT CARD INFORMATION

Check appropriate box:  VISA  MASTERCARD

Cardholder's name: \_\_\_\_\_

Card No.     -     -     -

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_