



**Real Estate Council
of Ontario**

3300 Bloor St. W.
West Tower, Suite 1200
Toronto, Ontario M8X 2X2

Tel: 416-207-4800
Toll Free: 1-800-245-6910
Fax: 416-207-4820

E-mail: registration@reco.on.ca
Website: www.reco.on.ca
MyWeb: <https://myweb.reco.on.ca>



FOR OFFICE USE ONLY

Approved By: _____ Date: _____

Registration No.: _____

Scanning Code

XFR

For office use only – Date received

Form NE XFR/ July 2014

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. <input type="checkbox"/> Yes <input type="checkbox"/> No								
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. <input type="checkbox"/> Yes <input type="checkbox"/> No 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

**PLEASE NOTE THAT INCOMPLETE CREDIT CARD PAYMENT FORMS CANNOT BE PROCESSED.
 PLEASE ENSURE THAT ALL FIELDS ARE COMPLETED IN FULL TO ENABLE US TO PROCESS YOUR APPLICATION.**

PAYMENT INFORMATION

Name(s) of applicants	Registration number	Fee

CREDIT CARD INFORMATION

Check appropriate box: VISA MASTERCARD

Cardholder's name: _____

Card No. - - -

Expiry Date: _____ / _____
 Month Year

Signature: _____ Date: _____

E-mail: _____

Please note: the email address provided on this form will replace the one currently on file with the RECO (if applicable) and will be utilized as the primary email address for all future electronic communications. Should you wish to amend the address in the future you may do so by visiting My Web and making the necessary amendments.