

LICENCE SUSPENSION OR REVOCATION REQUEST Real Estate Broker

IMPORTANT

This form is intended for any real estate broker who wishes to cease his brokerage activities during the year.

When a broker requests a SUSPENSION of his licence, he will be holding a licence with a suspended status. He may not carry out any real estate brokerage activities.

When a broker requests a REVOCATION of his licence, he will no longer be a licence holder. He may not carry out any real estate brokerage activities.

Read article 202200 to learn about the differences between licence suspension and revocation.

When a broker suspends or revokes his real estate broker's licence, the client must be notified in writing no later than the day of the change. These notices have been designed based on the broker's status. Read <u>article 200430</u> for more information in this regard.

SECTION I – IDENTIFICATION

Mr.	Mrs.											Lice	ence	Nur	nbe	r: 🗌			
Name :							FI	IRST NAM	/IE										
Email addre	ss:			 	 					 									

SECTION II – NATURE OF REQUEST

I request my licence suspension

I request my licence revocation

Effective date of cessation of real estate brokerage activities:				
*Any brokerage activity is prohibited as of this date.	DAY	MONTH	YEAR	

Address of establishment where you were carrying out your activities:

NUMB	ER				STF	REET											SUITE			
MUNIC	 IPALI	TY											PRO				POST			
AREA			TELE		 IBER					FAX	ER									

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 licence suspension or revocation application to ensure that your application 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 information collected via this form is 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.

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.

Real estate broker acting on behalf of an agency

I DECLARE that my agency executive officer has been informed of my intention to suspend or revoke my licence.

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SIGNATURE

Date :

MONTH

YEAR

Please sign the form AFTER completing ALL the sections.

SECTION IV - 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 number: (IF APPLICABLE) **METHOD OF PAYMENT** CREDIT CARD or CHEQUE OR MONEY ORDER (to the order of OACIQ) Visa MasterCard CARD NUMBER VISA ()The CVV/CVC is a three-digit code located on the back of your credit card. EXPIRATION (MM/YY) cvv/cvc Name of cardholder (if different from applicant) Х CARDHOLDER'S SIGNATURE

PLEASE SEND YOUR PAYMENT AND DOCUMENTS

to the Certification Department by email at <u>CERTIFICATION@OACIQ.COM</u>, by mail or by fax to any of the contact information indicated below.

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