

Illustrative Guide to Completion 2011/2012 ASSOCIATE/ASSOCIATE BROKER REGISTRATION CANCELLATION



**ASSOCIATE/ASSOCIATE BROKER
REGISTRATION CANCELLATION**

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2011/2012
Effective August 1, 2011

SECTION A:
Indicate the appropriate industry and class of licence.

A. INDUSTRY AND CLASS OF LICENCE <i>(must be completed)</i>		
<input type="checkbox"/> Real estate	<input type="checkbox"/> Associate	
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Associate broker	
B. INDIVIDUAL INFORMATION <i>(must be completed)</i>		
<input type="checkbox"/> Mr.	1. Last name	2. Legal first name
<input type="checkbox"/> Mrs.		
<input type="checkbox"/> Ms.		
3. Legal middle name(s) <i>(initials not acceptable)</i>		4. Birth Date <i>(mm/dd/yy)</i>
5. Primary phone number	6. Alternate phone number	7. Primary email address
C. AUTHORIZATION		
I authorize the Real Estate Council of Alberta to verify any information pursuant to this cancellation from any source. I acknowledge that I am responsible for any costs incurred for such verification.		
I hereby consent to the Real Estate Council of Alberta's collection, use, and disclosure of my personal information for licensing and other regulatory purposes under the <i>Real Estate Act</i> and in accordance with the <i>Personal Information Protection Act</i> .		
D. INDIVIDUAL REQUESTING CANCELLATION <i>(must be completed)</i>		
This request for cancellation is made by (select ONE only) :		
<input type="checkbox"/> Current Broker/Broker Delegate <i>(complete Section E)</i> .		
<input type="checkbox"/> Associate/Associate Broker <i>(complete Section F)</i> .		
E. REQUEST FOR CANCELLATION BY BROKER/BROKER DELEGATE		
The employment or association of the above named associate/associate broker has been terminated by the brokerage. I request that the Real Estate Council of Alberta cancel the registration of the above named associate/associate broker with the brokerage. I hereby confirm I am not aware of any misconduct relating to fraud, misrepresentation, deception, theft, or unlawful activities on the part of the associate/associate broker.		
The associate/associate broker has been advised of this request for termination of their registration.		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Name of Broker/Broker Delegate	Brokerage	
Signature of Broker/Broker Delegate	Date	

SECTION D:
Either the individual's current Broker/ Broker Delegate **OR** the individual themselves can request the cancellation.

* If the Broker/ Broker Delegate requests the cancellation, he or she must complete Section E and complete the affidavit.

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* If the associate/ associate broker requests the cancellation, he or she must complete Section F and complete the affidavit.

F. REQUEST FOR CANCELLATION BY ASSOCIATE/ASSOCIATE BROKER	
<p>My employment or association with the above named brokerage has been terminated. I request that the Real Estate Council of Alberta cancel my registration with the brokerage. My broker has been advised in writing of this request.</p> <p>I have provided to the broker all original documentation and copies of original documents provided to parties or maintained by other brokerages as related to a trade in real estate and/or deal in mortgages, and as required by the <i>Real Estate Act</i> and <i>Real Estate Act Rules</i>.</p>	
Name of Associate/Associate Broker	Current Brokerage
Signature of Associate/Associate Broker	Date
G. AFFIDAVIT (to be completed by Broker/Broker Delegate OR Associate/Associate Broker – whomever is making the request for cancellation)	
<p>Making a false statement on this affidavit may constitute a criminal offence punishable by law, result in the refusal, suspension or cancellation of an authorization and/or be considered conduct deserving of sanction pursuant to the <i>Real Estate Act</i> or Rules.</p>	
<p style="text-align: center;">CANADA PROVINCE OF _____ TO WIT:</p>	<p style="text-align: center;">AFFIDAVIT In the Matter of the <i>Real Estate Act</i></p>
<p>I, _____ of the City of _____ in the Province of _____. (Legal Name)</p>	
<p>DO SOLEMNLY SWEAR I have read and understand all questions and statements contained in this cancellation. All responses and information provided by me to RECA in this cancellation are true and accurate.</p>	
<p>SWORN BEFORE ME AT THE _____ OF _____ IN THE PROVINCE OF _____</p>	
<p>THIS ____ DAY OF _____ A.D., _____ (year)</p>	
<p style="text-align: right;">_____ Broker/Broker Delegate signature OR Associate/Associate Broker signature</p>	
<p>_____ Commissioner for Oaths/Notary Public/Solicitor Signature</p> <p>Print name: _____</p> <p>My appointment expires _____ (print or stamp here)</p>	

* Either the individual's previous broker or new broker can process the cancellation form once it has been completed and sworn by affidavit.