

350, 4954 Richard Road SW, Calgary, AB T3E 6L1  
Phone: (403) 228-2954 or 1-888-425-2754  
Fax: (403) 228-3065 Web: www.reca.ca

**THIS NOTICE IS VALID FOR 30 DAYS FROM THE DATE IT IS SWORN**

**A. BROKERAGE INFORMATION**

1. Licensed brokerage name (include trade name, if applicable)

2. Name of current broker

**B. DETAILS OF AMENDMENT(S)**

These statements apply to any and all amendments that have occurred since the date of the brokerage's last application or notice of brokerage amendment(s).

If yes, indicate effective date

- |   |  |  |
|---|--|--|
| 3. The registration of the current broker has been or will be terminated.                                 | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| 4. The brokerage's registered business office has changed or will be changing.                            | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| 5. The registered corporate or trade name of the brokerage has changed or will be changing.               | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| 6. The Alberta Registration/Corporate Access number of the brokerage has changed or will be changing.     | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| 7. The partners of the brokerage partnership have changed or will be changing.                            | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| 8. The officers, directors or shareholders of the brokerage corporation have changed or will be changing. | <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| 9. The broker no longer has controlling interest in the ownership of the brokerage.                       | <input type="checkbox"/> yes <input type="checkbox"/> no |  |

Refer to the *Brokerage Amendments Guide*\* and provide copies of all required documentation to support the amendment(s) identified above along with this original notice to RECA.

The executive director may require further information be submitted within a specified time and may require verification by affidavit or otherwise of any information submitted then or previously.

\*The *Brokerage Amendments Guide* is available at [www.reca.ca](http://www.reca.ca)

**C. AUTHORIZATION & ACKNOWLEDGEMENT**

I authorize the Real Estate Council of Alberta to verify any information pursuant to this notice from any source. I acknowledge that I am responsible for any costs incurred for such verification.

In serving this notice to the Real Estate Council of Alberta, 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 *Real Estate Act* and in accordance with the *Personal Information Protection Act*.

**D. BROKERAGE ACKNOWLEDGEMENT** \*Complete only if the broker has less than 51% controlling interest (share ownership) in the brokerage legal entity

Name of partner; director or officer; sole proprietor (other than the broker) - <i>please print</i>	Contact information for partner; director or officer; sole proprietor (other than the broker) - <i>phone number/email address</i>
Signature of partner; director or officer; sole proprietor	Date

**E. AFFIDAVIT** (must be completed by the broker **AFTER** the brokerage acknowledgement has been completed)

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 *Real Estate Act* or Rules.

CANADA  
 PROVINCE OF \_\_\_\_\_  
 TO WIT:

**AFFIDAVIT**  
 In the Matter of the *Real Estate Act*

I, \_\_\_\_\_ of the City of \_\_\_\_\_ in the Province of \_\_\_\_\_.  
 (Legal Name)

**DO SOLEMNLY SWEAR** I have read and understand all questions and statements contained in this notice. All responses and information provided by me to RECA in this notice are true and accurate.

**SWORN BEFORE ME AT THE** \_\_\_\_\_ **OF**  
 \_\_\_\_\_ **IN THE PROVINCE OF** \_\_\_\_\_,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., \_\_\_\_\_  
 (year) \_\_\_\_\_  
 Broker Signature

\_\_\_\_\_  
 Commissioner for Oaths/Notary Public/Solicitor Signature

My appointment expires \_\_\_\_\_  
 (print or stamp here)

**J. FEES AND PAYMENT**

Please indicate method of payment:

<input type="checkbox"/> Brokerage has made payment through RECA Online <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque Cheque Number _____	Amount (Fees for all classes of licences are available at <a href="http://www.reca.ca">www.reca.ca</a> )
Credit card number	Credit card expiry date	
Name on card	Authorized signature	