



**Real Estate Council of Ontario**  
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Approved By:	Date:
Registration #	
Scanning Code	
TRM <input type="checkbox"/>	XFR <input type="checkbox"/>

Important: PRINT or TYPE all information in BLACK INK

Form: NECTT

## Notice of Employee Change: Termination/Transfer

### IMPORTANT INFORMATION

**TERMINATION: COMPLETE SECTION A ONLY    TRANSFER: COMPLETE SECTION B ONLY AND SUBMIT A \$50.00 TRANSFER FEE**

Note: If an employee has been terminated for sixty days or more, a Transfer will not be accepted.

After 60 days, an employee must file an Application for Employee Registration with the appropriate registration fee.

### SECTION A – TERMINATION 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)			Apt. or Suite
Residence Telephone No. (    )			
City	Province	Postal Code	E-mail Address
Fax No. (    )			
Employer (Business Name)		Business Registration No.	Termination Date
			YEAR    MONTH    DAY
1. Is the employee 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 terminate the employee? If yes, it is your responsibility to give written notice of termination to the employee. Enclose a copy of the written notification with this form.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>REASON FOR TERMINATION (If additional space is required, please attach a separate sheet to this page.)</b>			
Name of Authorized Signing Official (Please Print):		Signature	Title    Date

### SECTION B – 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)			Apt. or Suite
City			
Province	Postal Code	Telephone No. (    )	Fax No. (    )
E-mail Address			
Address for Service - (If different from Residence Address)			Apt. or Suite
City			
Province	Postal Code	Telephone No. (    )	Fax No. (    )
E-mail Address			
PREVIOUS EMPLOYER INFORMATION    Business Name		Business Registration No.	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. Enclose a copy of the written notification with this form.			<input type="checkbox"/> Yes <input type="checkbox"/> No
NEW EMPLOYER INFORMATION    Business Name		Business Registration No.	
Business Address – Number and Street		Suite #	Starting Date
			YEAR    MONTH    DAY
City		Province	Postal Code
Telephone No. (    )	Fax No. (    )	E-mail Address	
My new employer has established and will maintain a Commission Trust Account			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note: Commission Protection Insurance Policy</b>			
If a broker does not set up and maintain a Commission Trust Account, you can still work for such a broker, but you may not be able to make a claim for commission under the insurance policy if there is a loss caused by the broker and you knew the broker did not have a Commission Trust Account.			
Employee's Signature	Name of Authorized Signing Official (Please Print):	Signature	Title    Date