Brokerage Licence Application



 601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

 Phone:
 902-468-3511
 800-390-1015

 Fax:
 902-468-1016
 800-390-1016

 Website:
 nsrec.ns.ca
 Email: licensing@nsrec.ns.ca

All questions must be answered completely and truthfully. The making of a false statement on this statutory declaration constitutes a criminal offense and is punishable by law. Any statutory declaration containing a material falsity may result in the refusal of this application and the suspension or cancellation of any license issued thereupon.

NOTE: Incomplete or illegible applications will be returned unprocessed.

If more space is needed to respond to questions, attach an additional sheet of paper.

A completed Schedule A or Schedule B, as appropriate, must be attached to this application.

PART A BROKERAGE INFORMATION									
FULL AND EXACT CORPORATION NAME (AS RECORDED AT THE REGISTRY OF JOINT STOCK COMPANIES)									
BROKERAGE IS REGISTERED AS A:		REGISTRY OF JOINT STOCK COMPANIES REGISTRATION #:							
□ CORPORATION □ PARTNERSHIP □	SOLE PROPRIETORSHIP								
BROKER'S NAME									
BROKERAGE BUSINESS ADDRESS		CITY/TOWN							
PROVINCE	POSTAL CODE	OFFICE PHONE							
BROKER'S EMAIL ADDRESS (REQUIRED)		FAX NUMBER							

Emails are required as the Commission occasionally communicates legislative and bylaw changes to licensees to ensure compliance. In applying for a real estate licence you are consenting to receiving this information.

List the names of shareholders who currently hold 5% or more of the shares in the corporation or list the names of the partners in the partnership.

FULL NAME OF SHAREHOLDER	
FULL NAME OF SHAREHOLDER	
FULL NAME OF SHAREHOLDER	
FULL NAME OF SHAREHOLDER	
FULL NAME OF SHAREHOLDER	

PΔ	RT B BRANCH OFFICES						09/22			
_	BRANCH OFFICE ADDRESS		CITY/TOWN							
POS	OSTAL CODE BRANCH OFFICE PHONE NUMBER		BRANCH OFFICE FAX NUMBER							
SECOND BRANCH OFFICE ADDRESS		CITY/TOWN								
POS	POSTAL CODE BRANCH OFFICE PHONE NUMBER BF		BRANCH OFFICE FAX NUMBER							
PART C TRUST ACCOUNT INFORMATION										
FINANCIAL INSTITUTION TRUST ACCOUNT IS KEPT AT										
	ADDRESS OF FINANCIAL INSTITUTION ACCOUNT NUMBER		ACCOUNT NUMBER							
1.001	ADDRESS OF FINAINGIAL INSTITUTION									
PA	RT D QUESTIONNAIRE									
In the last five years, has the broker, the corporation, any of the directors or officers of the corporation, partnership operating a firm as the case may be:										
1.	Been licensed in any other capacity in Nova Scotia or elsewhere under any legislation which re- quires licensees to deal with the public? If yes, explain:		tion which re-		Yes		No			
2.				Yes		No				
3.					Yes		No			
4.					Yes		No			
5.	If yes, explain:		tcy proceedings?		Yes		No			
6.	. Been involved as an officer, director or majority shareholder with a corporation that is bankrupt or that is presently a party to bankruptcy proceedings?				Yes		No			
7.	 If yes, explain: Been convicted of any offence, for which you have not been pardoned, under any law of any country, province, state or been disciplined by any professional occupational association or society? (Excepting minor traffic violations) 			Yes		No				
	If yes, explain:									
8.	Been a defendant or respondent in any proceedings in any civil court in any jurisdiction where fraud was alleged?		ction where fraud		Yes		No			
9.	Had a judgement of a court against you for the award of money?				Yes		No			
10.	Has such judgement referred above been satisfied?				Yes		No			
11.	Are there any lawsuits or judgements pending?			Yes		No				

PART E | AGENCY MODEL

Select agency model practiced by the brokerage:

COMMON LAW AGENCY

DESIGNATED AGENCY*

*An application for a designated agency brokerage must be pre-approved by compliance. Email your request for approval to compliance@nsrec.ns.ca.

PART F | ADDITIONAL INFORMATION

PART G | AUTHORIZATION

I hereby authorize the Nova Scotia Real Estate Commission to verify with the appropriate sources any information given or supplied as part of this application, which may include a credit check or checking for judgements. I, the undersigned, understand and acknowledge that submitting false information in the course of applying for a licence is an offence under Commission by-law 336, and may result in the refusal of the application, disciplinary proceedings and/or the suspension or cancellation of any license issued thereupon.

Signed on this ______ day of ______, 20_____.

APPLICANT SIGNATURE

PRINT NAME