Interest Bearing Trust Account Form

Nova Scotia Real Estate Commission 601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

Attention:	Account Manager	
Name of chartered ba	ank, loan or trust company or credit	union
Branch		
Address		
Re: Real I	Estate Trust Account nu	umber:
one copy in th		the Real Estate Trading Act, please complete this report and mail envelope to the Nova Scotia Real Estate Commission, 601-1595 otia, B4A 3Y4.
Dated this	day of	20
Brokerage Name		
Signature of broker/n	managing associate broker	
Address		

Section 32(1) of the Real Estate Trading Act states:

Every licensed person who receives money to be held in trust by a brokerage with respect to a trade in real estate shall deposit the money in an interest-bearing trust account that is opened and maintained in accordance with this Act and shall instruct the bank to remit the interest earned thereon to the Commission semi-annually and such interest, including interest accruing due, is the property of the Commission.

Section 615 of the Commission By-Laws states:

...every Broker shall instruct their financial institution to remit, at least semi-annually in April and October, interest earned for the preceding six (6) month period ending March 31 and September 30 respectively...

The interest monies must be accompanied by Page 2 of this form.

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To be completed by the broker/ managing associate broker:

Brokera	ge name			
Busines	s (trade) name, if different than above			
To be	e completed by the financial institution:			
Name o	f financial institution			
 Branch				
 Address	3		Phone	
Re: ir	nterest bearing trust account:			
Nam	e of account as shown on the bank stateme	ent:		
In acc	cordance with your direction, the following	are the details of the ac	count and/or the payment	
made	e to the Nova Scotia Real Estate Commission	n:		
1.	Interest earned on trust account for the	period from	20 to	
	20			
	Less Service Charge for return	\$		
	Net interest paid to the Real Estate Com	mission \$		
2.	Please describe how the interest was calculated:			
Signatur	re of financial inctitution account manager		Date	
Signature of financial institution account manager			Date	

Note: This form must be completed (even if there is a nil or negative balance) AND returned to the Nova Scotia Real Estate Commission with a cheque from the financial institution for any interest earned to:

Nova Scotia Real Estate Commission 601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

Phone: (902) 468-3511

Fax: (902) 468-1016