



REQUEST TO CANCEL AN EXAMINATION REGISTRATION

IMPORTANT

You must send this duly completed form to any of the **contact details indicated on page 2** of this form. **To send documents electronically, it is mandatory to send your documents IN A SINGLE EMAIL to examen@oaciq.com, otherwise your application will not be processed.**

SECTION I – IDENTIFICATION

Mr. Mrs.

Date of birth:

DAY	MONTH	YEAR
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Name at birth:

LAST NAME	FIRST NAME
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Address:

NUMBER	STREET	APT. / SUITE / PREMISES
MUNICIPALITY	PROVINCE	POSTAL CODE
AREA CODE	HOME PHONE NUMBER	AREA CODE
		CELLPHONE NUMBER

Email address: _____

SECTION II – FILE NUMBER

If it has already been given to you, please indicate your file number or your synbad.com access number; or if you have or have ever been issued a licence by the OACIQ or a certificate issued by the ACAIQ, indicate the number of this licence or certificate: _____

SECTION III – EXAMINATION

Request to cancel my registration for the examination scheduled for:

DAY	MONTH	YEAR
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🚩 If you cancel your exam registration **BEFORE** the examination session, the examination registration fee will be refunded to you minus any applicable administrative fee. Please allow 30 days for your refund to be received.

If you cancel **AFTER** the exam session, the exam registration fee will **NOT** be refunded.

SECTION IV – CONSENT, DECLARATION AND SIGNATURE

1 CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Processing of your application to cancel registration for an OACIQ exam.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

Right of access and correction

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

Consequences of refusal

This collection of your personal information is necessary to process your application. In the event that you withdraw your consent to the collection, use or disclosure of your personal information, the OACIQ will not be able to receive or process your application.

Consent

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information.
I consent to the collection, use and disclosure of my personal information.

I DECLARE that all the information contained in this form is accurate and I understand that any misrepresentation will result in the closing of my file. **I undertake to notify the OACIQ immediately of any change to this information.**

X

SIGNATURE

Date :

DAY	MONTH	YEAR			

PLEASE SEND YOUR DOCUMENTS

to the Education Department by email at EXAMEN@OACIQ.COM,
by mail or by fax to any of the contact information
indicated below.

Organisme d'autoréglementation du courtage immobilier du Québec

4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2

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