ΟΑΟΙΟ

#### INSPECTION DEPARTMENT

## TRUST ACCOUNT – NOTICE OF DELEGATION AND DECLARATION OF EXEMPTIONS

Section 24 of the Regulation respecting records, books and registers, trust accounting and inspection of brokers and agencies

#### IMPORTANT

Form to be used to report to the Organization one of the following situations:

- I am an agency wanting to delegate to another agency my obligations related to the opening and maintaining of a trust account (SECTION I);
- I am a licence holder who is in one of the three exemption situations set out in section 24 (SECTION II).

#### SECTION I – NOTICE OF DELEGATION OF OBLIGATIONS RELATED TO THE OPENING AND MAINTAINING OF A TRUST ACCOUNT

Mr.			N	/Irs	•																				Lice	nce	nun	nbe	r:					
Name o	of th	e a	gen	су	exe	cut	ive	offic	er v	who	D DE	ELE	GA	TES	the	mar	age	men	t of	his t	rust	aco	coun	t										
	1	T	I		1	I	1	I	1	1		1	1	T	I	T	I.		T	I	1	1	I.	1	I.	1	I	1	1	I	1	1	T	I
LAST NAME					1							1				I		FIR	ST NAI	ME				I										
Name o	of rea	al e	esta	te	age	ncy	tha	t DE	LEC	GAI	гes	6 the	e ma	ana	gem	ento	of its	trus	st ac	cou	nt													
	I	ī	I			1	I	I	1	I		I.	1		_	I	I	Т		I		1	I	I	ī	1	I				1	I	I	I.
NAME					1							1				I								I			I			LICE	NCE N	UMBEF	२	
Main ad	ddre	SS	of t	he	rea	l es	tate	ade	ncv	,																								
	1	1	1		1		1	- <b>J</b> -	- <b>-</b>	1				1	1		1		1		I.		1	I	1	1							1	
NUMBER						STR	EET																						SUITE					
	1	T	I		1	1	T	I.	I	1		I.	1	I	1	1	1	I.	1		I	I.	1	I	1	I	1			I	1	I.	1	1
MUNICIPALI	TY				_															PR	OVINC	E							POSTA	L CO	DE			
	.0111	esp	oeci	ung	rec	ora	s, bi	ooks	and	l re	gist	ers,	, tru	st a	cou	nting	and	insp	pecti	on oi	f bro	kers	and	age	ncies	s, to	the r	real	esta	ate	age	псу	mer	itione
below.																		insp 	ecti	on oi	f bro	kers	and	l age	ncies	s, to	the r	real	est	ate	age	ncy	mer	itione
below. Name c	of the																				f bro	kers	and	age.	ncies	s, to	the r	real	esti	ate	age			
below.	of the	e a	gen	су	exe	ecut	ve	offic	er v	vhc	RE	ECE	EIVE	S d	eleg						f bro	kers	: and	l age	ncies	s, to		real	esti	ate	age			
below.	of the	e a	gen	су	exe	ecut	ve	offic	er v	vhc	RE	ECE	EIVE	S d	eleg						f bro	<i>kers</i>	: and	age	ncies 	s, to		real	esti	ate	age			
Name c	of the	e a	gen	су	exe	ecut	ve	offic	er v	vhc	RE	ECE	EIVE	S d	eleg						f bro	<i>kers</i>	: and	age		s, to		real				псу   		
Name C	of the	e a	gen   eal e	est	exe   ate	age	ve   ncy	offic	er v	vho :CE	RE	ECE	EIVE	S d	eleg						f bro		: and	age		s, to		real						
Name C	of the	e a	gen   eal e	est	exe   ate	age	ve   ncy	offic	er v	vho :CE	RE	ECE	EIVE	S d	eleg						f bro		: and	' age. 		s, to		real						_
Name c	of the	e a	gen   eal e	est	exe   ate	age	ncy	offic	er v	vho :CE	RE	ECE	EIVE	S d	eleg						f bro		: and	age 										
Name c	of the	e a	gen   eal e	est	exe   ate	age	ncy	offic	er v	vho :CE	RE	ECE	EIVE	S d	eleg						f bro		: and 	age. 		s, to								
below. Name c LAST NAME NAME Main ac NUMBER MUNICIPALI	of the	e a	gen   eal e	est	exe   ate	age	ncy	offic	er v	vho :CE	RE	ECE	EIVE	S d	eleg					ле   			: and	age.     _										_
below. Name c LAST NAME NAME Main ac Municipali	of the	e a	gen	est	exe	age	ncy	offic	er v	vho :CE	RE	ECE	EIVE	S d	eleg					ле   			: ano	age. 					GUITE					_
	of the	e a	gen	est	exe	age	ncy	offic	er v	vhc  		ECE	dele	S d	eleg					ле   			: ano	age. 					GUITE			 		

Х

SIGNATURE OF THE AGENCY EXECUTIVE OFFICER WHO **DELEGATES** the management of trust account

Х

# SIGNATURE OF THE AGENCY EXECUTIVE OFFICER to whom the management of trust account is DELEGATED

### SECTION II – DECLARATION RELATING TO REGULATORY EXEMPTIONS FROM OPENING AND MAINTAINING A TRUST ACCOUNT

Mr.	Mrs.																I	Lice	nce	numl	ber:					
Name of the undersigned licence holder for the application of the Real Estate Brokerage Act																										
																							1			
LAST NAME												FIR	ST NAM	IE												
Name of real e	estate age	ncy (i	if appl	icab	le)																					
NAME																						LICE	CE N	UMBER	 1	
Address of rea	al estate a	genc	y or e	stabl	ishm	entt																				
NUMBER		STREE	т																		SUIT	E				
MUNICIPALITY														PRC	VINCE						POS	TAL CO	DE			

I am not bound by the obligation to open and maintain a trust account as provided for in the first paragraph of section 24 of the *Regulation respecting* records, books and registers, trust accounting and inspection of brokers and agencies for one of the following reasons:

(Check ONE of the three options, depending on your situation):

I DECLARE that I am employed by the Organisme d'autoréglementation du courtage immobilier du Québec (OACIQ).

#### OR

I DECLARE that I am employed by the (natural or legal) person mentioned below who is not a real estate agency. I do not engage, as such, in any brokerage transactions referred to in section 3.1 of the *Real Estate Brokerage Act*.

#### Employer's name

1		-																										1
	1			1		1	1												1					1				
NAME																												_
Em	mployer's address																											
																									1			
NUME	BER						STR	EET															SUITE					
MUNI	CIPAL	ITY																PRO\	/INCE				POST	AL CO	DE			

#### OR

I DECLARE that I do not receive any deposit, advance on remuneration or costs from my clients. or any other sum for others. If I am no longer in this situation, I will immediately notify the Organisme d'autoréglementation du courtage immobilier du Québec in writing and comply with the obligations relating to trust accounts.

IN WITNESS WHEREOF I have signed in	on					
MUNICIPALITY		DAY	MONTH	YEA	R	

## Х

SIGNATURE OF LICENCE HOLDER

#### Organisme d'autoréglementation du courtage immobilier du Québec

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

Tel.: 450-462-9800 or 1-800-440-7170 • inspection@oaciq.com • oaciq.com