

*In accordance with section 9 of the Regulation  
 respecting records, books and registers, trust  
 accounting and inspection of brokers and agencies*

REQUIRED BY REGULATION			OPTIONAL FOR USE BY AGENCY			
Name	Licence No.	Broker exercising his or her activities within a business corporation	Starting date with agency	Telephone (home)	Telephone (cell.)	E-mail (personal)
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No				
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