



**Real Estate Council  
of Ontario**

3300 Bloor St. W.  
West Tower, Suite 1200  
Toronto, Ontario M8X 2X2

Tel: 416-207-4800  
Toll Free: 1-800-245-6910  
Fax: 416-207-4820

E-mail: [registration@reco.on.ca](mailto:registration@reco.on.ca)  
Website: [www.reco.on.ca](http://www.reco.on.ca)  
MyWeb: <https://myweb.reco.on.ca>



**FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Scanning Code

XFR

Form NE XFR/ July 2014

For office use only – Date received

**Important: PRINT or TYPE all information in BLACK INK**  
**Notice of Employee TRANSFER**

**IMPORTANT INFORMATION**

Payment can be made by Cheque, Bank Draft, Money Order, Visa or Mastercard made payable to the "Real Estate Council of Ontario".  
**DO NOT SEND CASH BY MAIL.**

**Fee: \$25.00**

- If an employee has been terminated for 60 days or more, a Transfer will not be accepted.
- After 60 days, an employee must file an Application for Reinstatement with the appropriate fee and include a Declaration of Continuing Education form, as required.
- The Address for Service must be completed in order to process a transfer.

A copy of the termination letter (if the termination was initiated by your brokerage) or resignation letter (if the termination was initiated by you) must accompany this form.

Please ensure that the "effective date" reflected in the termination/resignation letter matches the "termination date" entered on this form.

**TRANSFER OF EMPLOYEE (attach Certificate of Registration)**

Last Name		Full First Name		Middle Name		Registration No.		
Residence Address - (If R.R.: Give Lot, Concession No. & Township) (Must be a street address)						Apt. or Suite	City	
Province	Postal Code	Telephone No.		Fax No.		E-mail Address		
ADDRESS FOR SERVICE – (Must be a street address)						Apt. or Suite	City	
Province	Postal Code	Telephone No.		Fax No.		E-mail Address		
PREVIOUS EMPLOYER INFORMATION Business Name						Termination Date		
						YEAR	MONTH	DAY
1. Are you a Partner, Officer/Director or shareholder in any registered real estate business? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If you answered yes, you must submit full particulars on a signed and dated statement.								
2. Did you initiate the termination with your previous Employer? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, it is your responsibility to give written notice of termination to your previous Employer. If no, please enclose a copy of the termination letter provided to you by your brokerage.								
NEW EMPLOYER INFORMATION Business Name				Business Registration No.		Starting Date		
<b>Century21 Wenda Allen Realty Ltd.</b>				<b>2595140</b>		YEAR	MONTH	DAY
Business Address (Street Number & Name)				Suite #	City			
<b>3455 Garrard Rd.</b>					<b>Whitby</b>			
Province	Postal Code	Telephone No.		Fax No.		E-mail Address		
<b>ON</b>	<b>L1R 2N2</b>	<b>416-293-3900</b>				<b>wenda.realestate@gmail.com</b>		
Employee Signature		Name & Title of Authorized Signing Official (Please Print)			Signature		Date	
		<b>Wenda L. Allen</b>						



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 Updated July 2014

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## CREDIT CARD PAYMENT

**PLEASE NOTE THAT INCOMPLETE CREDIT CARD PAYMENT FORMS CANNOT BE PROCESSED.  
 PLEASE ENSURE THAT ALL FIELDS ARE COMPLETED IN FULL TO ENABLE US TO PROCESS YOUR APPLICATION.**

### PAYMENT INFORMATION

Name(s) of applicants	Registration number	Fee

### CREDIT CARD INFORMATION

Check appropriate box:  VISA  MASTERCARD

Cardholder's name: \_\_\_\_\_

Card No.     -     -     -

Expiry Date:      /           CVV       
Month      Year      (3 Digit Number on Back of Card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please note: the email address provided on this form will replace the one currently on file with the RECO (if applicable) and will be utilized as the primary email address for all future electronic communications. Should you wish to amend the address in the future you may do so by visiting My Web and making the necessary amendments.*

# NOTICE OF TRANSFER/REINSTATEMENT

TREB Use Only – Member User ID					

Fee: \$25+hst= \$28.25

This form is valid only for 90 days from the date of termination from another Brokerage Member to the date of registration under REBBA with your Brokerage. Beyond 90 days and pursuant to TREB's By-Law, a new membership application is required.

Check applicable                      Salesperson                            Broker        
 Payment Methods Available      Cheque Enclosed                            Credit Card            (see page 2)

**Member Information – please print**

1. Member Name \_\_\_\_\_
2. TREB Membership # \_\_\_\_\_ RECO Registration # \_\_\_\_\_
3. Date of RECO transfer to New Brokerage: \_\_\_\_\_  
*Must be completed*                      Year                      Month                      Day

**Brokerage Information – please print**

Member is transferring or reinstating to:

1. Brokerage Name Century21 Wenda Allen Realty Ltd.
2. Brokerage Address 3455 Garrard St, Whitby, ON
3. Brokerage Phone # 905-649-3900
4. Broker Code – 6 Digits 

0	1	6	2	0	0
---	---	---	---	---	---
5. Name of Previous Brokerage \_\_\_\_\_

In consideration of TREB accepting this Notice of Transfer, the undersigned agrees in favour of TREB to be bound by the Guarantee and Indemnity previously filed by the Transferring Member, as if the undersigned were the original signatory thereto in the place of the Transferring Member's former Brokerage – Broker of Record.

by: \_\_\_\_\_  
 Signature of Broker of Record/Manager  
 \_\_\_\_\_  
 Print Name of Broker of Record/Manager  
 \_\_\_\_\_  
 Date

I hereby confirm that I have informed my former Broker of Record that I have formally terminated with that Brokerage.  
 \_\_\_\_\_  
 Date                      Signature of Transferring Member

# Charges and Payment Information



## Credit Card Authorization

<b>Member Name</b>	(please print)
<b>Member Number</b>	
<b>Name on Credit Card</b>	(please print)
<b>Amount</b>	\$ _____
<b>TREB Use:</b>	Authorization Number: _____

**► Signature Authorization:**

**I authorize TREB to process this credit card payment:**

**Card Holder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>IMPORTANT CARD HOLDER</b>	Please provide a contact number where you can be directly reached	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

**CREDIT CARD Information will be destroyed and it is not stored at TREB offices**

<b>Card Type</b>	<input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Amex</b>																				
<b>Card Number</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				
<b>Expiry Date</b>	Month _____ Year _____ CVV# _____																				

**FAX: 416-446-6414**

**Member Services Phone #: 416-443-8148**

**Email: memberapps@trebnet.com**