

Notice of Termination



601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4
 Phone: 902-468-3511 800-390-1015
 Fax: 902-468-1016 800-390-1016
 Website: www.nsrec.ns.ca
 Email: pcrane@nsrec.ns.ca

Brokers may terminate licensees at their brokerage and licensees may terminate themselves. This Notice of Termination must be submitted to the Commission within two business days of the termination effective date.

NOTE: Applicants for reinstatement must complete any missing Continuing Professional Education prior to applying for a reinstatement of licence. This may include the cost of hiring an instructor.

PART A | TYPE OF LICENCE

Select the licence(s) that you wish to terminate:

- Salesperson
- Associate Broker
- Managing Associate Broker
- Broker
- Approved Sales Corporation
- Brokerage
- Branch Office

FOR INTERNAL USE

Approved By

Approval Date

Conditions/Restrictions

PART B | LICENSEE INFORMATION

LAST NAME		FIRST NAME	NICKNAME (if being used in advertising & promotion)
BROKERAGE			
BROKERAGE ADDRESS			SUITE
CITY/TOWN	PROVINCE	POSTAL CODE	
EMAIL ADDRESS			

PART C | TERMINATION INFORMATION

TERMINATION EFFECTIVE DATE (DD/MM/YY)

TERMINATION INITIATED BY

- Licensee
- Brokerage

REASON FOR TERMINATION

- Leaving the industry
- Changing Brokerages
- Other

If other, explain: _____

Is the brokerage in possession of any information which would suggest that the licensee has engaged in any conduct which contravenes regulatory requirements or is inconsistent with just and equitable principles of trade?

Yes No If yes, explain:

PART D | COMPLETED BY TERMINATING OFFICIAL IF APPLICABLE

I declare that _____ has terminated their representation of
LICENSEE

_____ effective _____
BROKERAGE DATE

I am satisfied that the information contained in this Notice of Termination reflects the knowledge of the Brokerage.

BROKER OR MANAGING ASSOCIATE BROKER SIGNATURE

DATE

PRINT NAME

PART E | COMPLETED BY TERMINATING LICENSEE

A) I declare that I have given notice of termination of my licence to represent

_____ effective _____
BROKERAGE DATE

LICENSEE SIGNATURE

DATE

PRINT NAME

Complete (B) ONLY if the termination has been initiated by the brokerage and Part D has been completed.

B) I acknowledge receipt of this Notice of Termination and I DO DO NOT agree with the information contained therein.

If **DO NOT**, explain: _____

LICENSEE SIGNATURE

DATE

PRINT NAME