

Saskatchewan Real Estate Commission
Termination of Certificate of Registration
The Real Estate Act

Phone: 306-374-5233
Fax: 306-373-2295
Toll Free #:
1-877-700-5233



1. Date of Termination: _____

2. Name of Registrant: _____
(last) (first) (initial)

3. Registrant employed as a: Broker Branch Manager Salesperson

4. Name of Brokerage: _____

5. Address of Brokerage: _____
(Street address) (Office Postal Code)

_____ (City or Town) (Box #) (Mailing Postal Code)

_____ (Telephone #) (Fax #)

6. Reasons for termination:
 at request of registrant
 at request of brokerage

7. State reasons for termination:

PLEASE NOTE: That if the reason for termination is other than retiring from the industry or registering with another brokerage, this termination notice must be faxed immediately to the Saskatchewan Real Estate Commission at 373-2295.

8. Is the brokerage in possession of any information that would suggest that the employee has engaged in any conduct that contravenes regulatory requirements or is inconsistent with just and equitable principles of trade?
 YES NO

If "yes", give full particulars: _____

9. Has the registrant seen this "Termination of Certificate of Registration" notice?
 YES No

10. If the registrant's signature has not been obtained, please state reasons why not: _____

TERMINATING BROKERAGE

I declare that _____ has terminated employment with
(Name of Registrant)

_____ effective _____
(Name of Brokerage) (Date)

I am satisfied that the information contained in this "Termination of Certificate of Registration" reflects the knowledge of the brokerage and the brokerage's management.

(Date)

(Signature of Broker)

(Print Name)

REGISTRANT

(a) I declare that I have given notice of termination of employment to:

_____ on _____
(Name of Brokerage) (Date)

(Date)

(Signature of Registrant)

(Print Name)

Only complete part (b) below if the termination is at the request of the brokerage.

(b) I acknowledge receipt of this "Termination of Certificate of Registration" and I

DO DO NOT agree with the information contained therein.

If "DO NOT", give particulars:

(Date)

(Signature of Registrant)

(Print Name)