

THE REAL ESTATE SERVICES ACT

Application to Renew Registration of a Brokerage



Brokerage Registration Category (select the box that applies)

Real Estate Property Management Private Sales Restricted

It is in your best interests to ensure that this form is completed properly to avoid delay in processing. If an explanation is required for any question and space is not sufficient, attach a separate sheet and cross-reference to the appropriate question. All such attachments **must be signed by the person completing this application.**

Under *The Real Estate Services Act*, if the applicant is a corporation, the **corporation** is the brokerage; if the applicant is a proprietorship, the **proprietor** (owner of the business) is the brokerage; if the applicant is a partnership, the **partnership** is the brokerage.

Check the box that describes the Brokerage:

Individual (proprietorship) Corporation Partnership Limited Partnership

Other (specify) _____

TO THE REGISTRAR OF THE REAL ESTATE SERVICES ACT

THE MANAGING REGISTRANT MAKES THE FOLLOWING STATEMENTS OF FACT FOR RENEWING REGISTRATION AS A BROKERAGE:

Brokerage Information	
1. Name of Brokerage	
2. Business Name (business or trade name under which the brokerage carries on business - if none, state None)	
3. (a) Business Address – include street number and name, and/or suite number	
(b) City or Town & Province	(c) Postal Code
(d) Business phone number (include area code)	(e) Fax number (include area code)
4. (a) Address for Service (this is the address that legal documents will be mailed and/or delivered to; must be in Manitoba)	
(b) City or Town & Province	(c) Postal Code
5. Email address	
6. Name of Broker or Property Management Manager	

7. The Brokerage is applying to renew the registration of the following branch offices (this does not include the main office - if none, state None).

BRANCH ADDRESS (provide full address including city or town and province)	NAME OF ASSOCIATE BROKER OR SUPERVISOR IN CHARGE OF THIS BRANCH OFFICE

Trust Account Information

8. The brokerage maintains accounts, including a trust account, at the following financial institution (FI)

(a) Trust Account Nos. on which the brokerage has directed the interest to be paid to The Manitoba Securities Commission pursuant to subsection 40(1) of *The Real Estate Services Act*.

Name of financial institution		
Address of financial institution (provide full address including city or town and province)		
FI Transit No. (5 digits)	FI No. (3 digits)	Trust Account No.

(b) Trust Account Nos. on which interest will be paid to property owners pursuant to written direction from them pursuant to subsection 41(1) of *The Real Estate Services Act*.

Name of financial institution		
Address of financial institution (provide full address including city or town and province)		
FI Transit No. (5 digits)	FI No. (3 digits)	Trust Account No.

9. Bank accounts belonging to property management clients through which the brokerage directs financial transactions pursuant to section 5.8 of the *Real Estate Services Regulation 84/2021*.

Name of financial institution		
Address of financial institution (provide full address including city or town and province)		
Name of client on account		
FI Transit No. (5 digits)	FI No. (3 digits)	Trust Account No.

USE ADDITIONAL PAGES IF NECESSARY

A BROKERAGE MUST ADVISE THE REGISTRAR IN WRITING, WITHIN 14 DAYS OF OPENING, MOVING OR CLOSING A TRUST ACCOUNT (SECTION 5.4 REAL ESTATE SERVICES REGULATION 84/2021).

Brokerage Structure Information

10. Where the Brokerage is a CORPORATION:

(a) Provide the following information for each OFFICER and/or DIRECTOR.

FULL NAME	FULL RESIDENTIAL ADDRESS	OFFICIAL POSITION	OCCUPATION OR PRINCIPAL BUSINESS

(b) Provide the following information for each SHAREHOLDER. (Not required for publicly-traded companies.)

FULL NAME	FULL RESIDENTIAL ADDRESS	% OF SHARES OWNED	OCCUPATION OR PRINCIPAL BUSINESS

(c) Provide the date of the last filing of the corporation's Annual Return pursuant to section 121(1) of *The Corporations Act Manitoba*.

Provide month and year:

(d) If the Brokerage is a subsidiary of another corporation, give the full name and office address of the parent corporation in which the ultimate control of the Brokerage is vested.

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11. Where the Brokerage is a PARTNERSHIP:

(a) Provide the following information for each INDIVIDUAL PARTNER (if a partnership of individuals); or

FULL NAME	FULL RESIDENTIAL ADDRESS	% SHARE OF OWNERSHIP	OCCUPATION OR PRINCIPAL BUSINESS

(b) Provide the following information for each PARTNER, which is a CORPORATION.

FULL NAME OF CORPORATION	FULL ADDRESS OF HEAD OFFICE	% SHARE OF OWNERSHIP	NAMES OF SHAREHOLDERS	% OWNED

12. Provide full particulars if business structure is other than 10 or 11 (e.g. a limited partnership).

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