## 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
is not sufficient, attach a <b>this application.</b> Under <i>The Real Estate</i>	a separate sheet and cross-reference to	the appropriate questration, the <b>corporation</b>	y in processing. If an explanation is required for any question and space tion. All such attachments <b>must be signed by the person completing</b> <ul> <li>n is the brokerage; if the applicant is a proprietorship, the <b>proprietor</b></li> <li>rship is the brokerage.</li> </ul>
Check the box that d	escribes the Brokerage:		
Individual (proprie	etorship) Corporation	Partnership	Limited Partnership
Other (specify)		_	
THE MANAGING	AR OF <i>THE REAL ESTATE SER</i> B REGISTRANT MAKES TH IF FACT FOR RENEWING R	E FOLLOWING	
	E	rokerage Info	rmation
Name of Brokerage	,		
2. Business Name (bu	siness or trade name under which the	brokerage carries on	business - if none, state None)

(c) Postal 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

3. (a) Business Address - include street number and name, and/or suite number

5. Email address

(b) City or Town & Province

6. Name of Broker or Property Management Manager

(d) Business phone number (include area code)

(provide full address incli	uding city or town and province)		IN CHARGE OF THIS BRANCH OFFICE
	Trust Accou	ınt Info	ormation
The brokerage maintains accoun	nts, including a trust account, at the follo		
-	the brokerage has directed the interest	_	to The Manitoba Securities Commission pursuant to subse
lame of financial institution			
ddress of financial institution (provid	le full address including city or town and pro	ovince)	
Transit No. (5 digits)	FI No. (3 digits)		Trust Account No.
(b) Trust Account Nos. on which The Real Estate Services Act.	interest will be paid to property owners	pursuant	to written direction from them pursuant to subsection 41(1)
lame of financial institution			
ddress of financial institution (provid	le full address including city or town and pro	ovince)	
Transit No. (5 digits)	FI No. (3 digits)		Trust Account No.
Bank accounts belonging to prop Real Estate Services Regulation		h the brok	erage directs financial transactions pursuant to section 5.8 o
lame of financial institution			
ddress of financial institution (provid	le full address including city or town and pro	ovince)	
Jame of client on account			
Transit No. (5 digits)	FI No. (3 digits)		Trust Account No.

# **Brokerage Structure Information**

10	Where	the	Brokerage	is a	CORP	ORATION:
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(a)	Provide the following	information	for each OFFICER	and/or DIRECTOR.

	FULL RESIDENTIAL ADDRESS	OFFICIAL	POSITION		PATION AL BUSINESS
(b) Provide the following information	n for each SHAREHOLDER. (Not required	for publicly-traded	companies.)		
FULL NAME	FULL RESIDENTIAL ADDRESS	% OF SHAR	RES OWNED		PATION AL BUSINESS
(c) Provide the date of the last filling	of the corporation's Annual Return pursu	ant to section 424/	1) of The Corner	ations Act Manitoba	
Provide month and year:	or the corporation's Annual Return pursu	ant to section 121(	1) of The Corpora	nions Act Manitoba	
(d) If the Brokerage is a subsidiary of in which the ultimate control of the E	of another corporation, give the full name Brokerage is vested.	and office address	of the parent cor	poration	
in which the ultimate control of the E	Brokerage is vested.			poration	
in which the ultimate control of the E	Brokerage is vested.  SHIP:	tnership of individu		OCCUI	PATION AL BUSINESS
in which the ultimate control of the E  Where the Brokerage is a PARTNERS (a) Provide the following information	SHIP:  1 for each INDIVIDUAL PARTNER (if a part	tnership of individu	uals); or	OCCUI	
which the ultimate control of the E Where the Brokerage is a PARTNERS (a) Provide the following information  FULL NAME	SHIP:  1 for each INDIVIDUAL PARTNER (if a part	tnership of individu % SHARE OF	uals); or	OCCUI	
which the ultimate control of the E Where the Brokerage is a PARTNERS (a) Provide the following information  FULL NAME	SHIP:  n for each INDIVIDUAL PARTNER (if a part  FULL RESIDENTIAL ADDRESS	tnership of individu % SHARE OF	ownership	OCCUI	
where the Brokerage is a PARTNERS (a) Provide the following information  FULL NAME  (b) Provide the following information	SHIP:  In for each INDIVIDUAL PARTNER (if a part  FULL RESIDENTIAL ADDRESS  In for each PARTNER, which is a CORPOR	tnership of individu % SHARE OF  ATION.	ownership	OCCUI OR PRINCIPA	AL BUSINESS

		Bond I	nformation		
QUESTIONS 13 and	1 14 DO NOT HAVE TO BE	ANSWERED BY BRO	KERAGE MEMBERS OF	THE MANITOBA RI	EAL ESTATE ASSOCIATION
salespersons a	registrants employed by tl nd/or property manageme gement representatives). I	nt managers, proper	ty management superviso	ors and	
(b) Required bondir Regulation 84/20	ng based on number of reg 021).	istrants (subsection	2.23(1) of Real Estate Ser	vices	\$
<ul> <li>the highest m</li> <li>to property m</li> <li>the total month</li> </ul>	rage manages property fo onthly trust balances record anagement, and thly amounts received by the an arrangement in accordar	ed during the preceding brokerage in the preceding the pre	ng year for all trust accounts ceding year in bank account	ts of the brokerage's	s property management
	January \$		July \$		
	February		August		
	March		September		
	April		October		
	May		November		
	June		December		
to determine the of the brokerage  14. Add the amounts sl coverage required l \$200,000).  MPORTANT NOTE to be the brokerage has previously and coverage in the amount of the brokerage in the brokerage in the amount of the brokerage in the brokerage in the brokerage in the amount of the brokerage in the brokerage in the amount of the brokerage in the brokerage in the amount of the brokerage in the amount of the brokerage in the brokerage in the amount of the brok	usly filed with the Registrar ount shown in 14 above.	pplicable) to determine the modern of the modern of the Manitober, or is filing herewith,	nanagement portion  ne the total amount of bored from any brokerage is  a Real Estate Association:	the Registrar will r	\$
certify that the foregoi	ng statements are true ar	nd correct.			
OATED at		this	day of		20
lame of Brokerage			Authorized Signate	ure	
			Print name of indiv	vidual authorized	to sign
			State official capac Real Estate Broker or Asso	ociate Broker	oment Cuperiner

#### WARNING

It is a serious offense to make a false statement in any application submitted to the Registrar under *The Real Estate Services Act*.

## **ENGAGED REGISTRANTS**

Full Office Address:		Office Phone No.:	
lame of Broker, Associate Broker o	r Property Management Manager,	Property Management Supervisor	
ho is Branch Manager:			
VED/ASSOCIATE PROVED/DRO	DEDTY MANACEMENT MANACE	R/PROPERTY MANAGEMENT SUPERV	/ISO
REN/ASSOCIATE BROKEN/FRO	PERTY MANAGEMENT MANAGE	K/PROPERTT MANAGEMENT SUPERV	/130
must accompany this application.		to the Registrar pursuant to subsection 17 of the Ac	ct)
must accompany this application.			ct)
must accompany this application.			ct)
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