

If you **HELD** funds on the account of others for closed or terminated trades during the period under review, this completed form must be returned to the Commission Auditor **per the Auditor's direction**.

**DO NOT LEAVE ANY QUESTIONS UNANSWERED**

I (*print broker's name*) \_\_\_\_\_, broker for the brokerage described below, hereby certify, to the best of my knowledge, information and belief, that:

**General Information**

1. The **licensed name of the brokerage** with the Nova Scotia Real Estate Commission is:

\_\_\_\_\_

2. The brokerage's **records** are located at:

\_\_\_\_\_

3. Audit Period under review is: \_\_\_\_\_ to \_\_\_\_\_

4. The type of agency practiced is: \_\_\_\_\_

5. The following **trust accounts** were maintained during the period under review (*attach a second sheet if required*):

Financial Institution	Account Number	Signing Officer (s) on the account

6. During the audit period:

i) Your brokerage facilitated \_\_\_\_\_ trades\* in total (closed and terminated transactions)

ii) Your brokerage facilitated \_\_\_\_\_ trades\* in which trust funds were held (closed and terminated transactions)

**\* Important: please refer to Appendix A for instructions on how to calculate the number of trades.**





10. Please complete the following for your audit period (attached a second sheet if required):

Financial Institution: \_\_\_\_\_ Account #: \_\_\_\_\_

<u>Month</u>	<u>Reconciled Trust Account Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Completed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Print or Type Name of Broker or Managing Associate Broker)

\_\_\_\_\_  
(Signature of Broker or Managing Associate Broker)