

# Notice of Termination



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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