Branch Office Application



DATE

601-1595 Bedford Highway, Bedford, Nova Scotia, B4A 3Y4

Phone: 902-468-3511 800-390-1015 Fax: 902-468-1016 800-390-1016

Website: nsrec.ns.ca Email: pcrane@nsrec.ns.ca

All questions must be answered completely and truthfully. The making of a false statement on this statutory declaration constitutes a criminal offense and is punishable by law. Any statutory declaration containing a material falsity may result in the refusal of this application and the suspension or cancellation of any license issued thereupon.

NOTE: Incomplete or illegible applications will be returned unprocessed.

If more space is needed to respond to questions, attach an additional sheet of paper.

PAYMENT: You will be invoiced by email. Log in to the NSREC Licensee Portal to pay your licensing fees.

| PART A BROKERAGE INFORMATION | | |
|--|---------------------------|--------------------------|
| BROKERAGE NAME | | |
| BROKER'S NAME | | |
| BROKERAGE MAIN BUSINESS ADDRESS | | CITY/TOWN |
| PROVINCE | POSTAL CODE | OFFICE PHONE NUMBER |
| FAX NUMBER | | |
| PART B BRANCH OFFICE | | |
| BRANCH OFFICE ADDRESS | | CITY/TOWN |
| POSTAL CODE B | RANCH OFFICE PHONE NUMBER | BRANCH OFFICE FAX NUMBER |
| BRANCH OFFICE MAIN EMAIL (IF DIFFERENT FROM MAIN BROKERAGE EMAIL) | | |
| PART C AUTHORIZATION | | |
| I hereby authorize the Nova Scotia Real Estate Commission to verify with the appropriate sources any information given or supplied as part of this application, which may include a credit check or checking for judgements. I, the undersigned, make oath that all statements and answers in the foregoing application are true and correct to the best my knowledge, information and belief. | | |
| BROKER SIGNATURE | PRINT NAME | |