



FORM 1
Real Estate Brokerage's Representations
to the Nova Scotia Real Estate Commission

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

- a. Trust control ledger ☐ YES ☐ NO
- b. Monthly trust account bank reconciliations ☐ YES ☐ NO
- c. Monthly trust liability listings ☐ YES ☐ NO
- d. Individual trust records ☐ YES ☐ NO

9. Were there any trust shortages during the audit period? ☐ YES ☐ NO

[illegible]



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)