

Real Estate Recovery Fund Application

For Office U	se Uniy
Receipt No	
Receipt Amou	ınt
Tracking No_	

Receipt Date

Licence Type			
Salesperson	Restricted Salesperson	Broker	Restricted Broker
Salesperson Information			
Surame	Given Name		Middle Initial
Date of Birth YYYY MM DD	Licence Number	Email	
Street Name and No.			Telephone
Broker Information			
Legal Name of Business or Name	of Sole Proprietor		Licence Number
Street Name and No.			
City/Town		Province	Postal Code
Telephone	Email		
	sperson \$250 Broker \$450		
Payment options:	Cheque Money Order	Bank Draft L	
Certification			
	nt, certify that the information give by me in the hereby undertake to notify the Financial Servichange. Signature	ces Regulation Division of	
Please Enclose:			
Signed application			
Payment made paya	able to the Real Estate Recovery Fund		

PRIVACY NOTICE

St. John's, NL Canada A1B 4J6

The Financial Services Regulation Division collects Personal Information relating to real estate agents under the authority of the *Real Estate Trading Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the *Access to Information and Privacy* (ATIPP) *Act*. If you have any questions about the collection or use of this information, please contact our office.

Financial Services Regulation Division, Digital Government and Service NL, P. O. Box 8700, 2nd Floor, West Block, Confederation Bldg.,