**Brokerage contract co-listed with another agency**

**One of the brokers, who was acting on his own account, will cease his activities**

 **(licence revocation or suspension, or retirement)**

**[Date]**

**Mr. (Mrs.) [Name]**

Address

City (Québec)

Postal code

**Subject: Brokerage contract No. [brokerage contract number]**

Dear Client,

Please note that as of **[date]**, **[name of broker acting on his own account]** will cease his activities **[insert the reason here]**.

The section entitled: “CHANGE AFFECTING THE AGENCY OR THE BROKER BOUND BY A BROKERAGE CONTRACT” of the OACIQ brokerage contract form that you signed with **[name of broker acting on his own account]** and **[name of co-listing agency]** specifies how you may exercise your rights and the consequences of your choice on the brokerage contract.

Please let us know which option you choose among the options provided in the attached form and return it to us no later than **[same date as first paragraph]**. If we do not receive your choice before that date, your contract will be automatically terminated.

**[salutation]**

**[signature]**

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**Form**

Please indicate your choice by checking the box next to the option you wish to exercise regarding brokerage contract No. **[brokerage contract number]**.

I wish to:

☐ Do business with **[name of co-listing agency]**. All other terms and conditions outlined in brokerage contract **[brokerage contract number]** will remain unchanged.

Or

☐ Terminate the brokerage contract. I understand that my brokerage contract will be terminated accordingly upon receipt of this form.

 Signature of client

 Date

If necessary, based on what is indicated in brokerage contract No. **[brokerage contract number],** my spouse, **[name of spouse]**, concurs in this notice.

 Signature of spouse

 Date

Thank you for returning this form to: **[address of agency 1]**