



REQUEST TO CANCEL AN EXAMINATION REGISTRATION

IMPORTANT

You must send this duly completed form to any of the **contact details indicated on page 2** of this form. **To send documents electronically, it is mandatory to send your documents IN A SINGLE EMAIL to examen@oaciq.com, otherwise your application will not be processed.**

SECTION I – IDENTIFICATION

Mr. Mrs.

Date of birth:

DAY			MONTH			YEAR			

Name at birth:

LAST NAME	FIRST NAME

Address:

NUMBER	STREET	APT. / SUITE / PREMISES
MUNICIPALITY	PROVINCE	POSTAL CODE
AREA CODE	HOME PHONE NO.	AREA CODE
		CELLPHONE NO.

Email address: _____

SECTION II – FILE NUMBER

If it has already been given to you, please indicate your file number or your synbad.com access number; or if you have or have ever been issued a licence by the OACIQ or a certificate issued by the ACAIQ, indicate the number of this licence or certificate: _____

SECTION III – EXAMINATION

Request to cancel my registration for the examination scheduled for: _____

DAY MONTH YEAR

YOUR REGISTRATION FEES WILL BE REFUNDED. HOWEVER, ADMINISTRATIVE FEES WILL APPLY. Please allow 30 days to receive your refund. See the *List of administrative fees* on the OACIQ website at synbad.com/fees.

Examination fees are not refundable, UNLESS YOU CANCEL YOUR REQUEST BEFORE THE EXAMINATION SESSION. In this case, note that FEES RELATED TO THE CANCELLATION AND TO THE CLOSING OF THE FILE WILL BE RETAINED.

RESERVED FOR THE OACIQ

RECEIPT STAMP

SECTION IV – DECLARATION AND SIGNATURE

PRIVACY PROTECTION

The information collected in this form is necessary to allow us to process your request. You must provide all the information that is requested.

The OACIQ protects the privacy of all personal information provided, in accordance with the applicable legislation. Only OACIQ staff may access this information, and only to the extent required by their role. This information will be used exclusively for purposes of application of the *Real Estate Brokerage Act*, CQLR, c.C-73.2, and its regulations. It can be used for other purposes, in the cases prescribed by law. It may be transferred to other individuals or organizations only to the extent authorized by law, or with your consent.

The information and records that the Organization has on you are kept at its head office. Subject to certain reservations, the law authorizes you to access and request corrections to this information.

I declare that all the information contained in this application is accurate and I understand that any misrepresentation will result in the revocation of my licence. **I agree to notify the OACIQ immediately of any changes to this information.**

X

SIGNATURE

Date:

DAY	MONTH	YEAR							

PLEASE SEND YOUR DOCUMENTS

to the Education Department by email at EXAMEN@OACIQ.COM,
by mail or by fax to any of the contact information
indicated below.

Organisme d'autoréglementation du courtage immobilier du Québec
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