



TRUST ACCOUNT – NOTICE OF DELEGATION AND DECLARATION OF EXEMPTIONS

Section 24 of the Regulation respecting records, books and registers, trust accounting and inspection of brokers and agencies

IMPORTANT

Form to be used to report to the Organization one of the following situations:

- I am an agency wanting to delegate to another agency my obligations related to the opening and maintaining of a trust account (SECTION I);
- I am a licence holder who is in one of the three exemption situations set out in section 24 (SECTION II).

SECTION I – NOTICE OF DELEGATION OF OBLIGATIONS RELATED TO THE OPENING AND MAINTAINING OF A TRUST ACCOUNT

Mr.

Mrs.

Licence number:

Name of the agency executive officer who DELEGATES the management of his trust account

<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME

Name of real estate agency that DELEGATES the management of its trust account

<input type="text"/>	<input type="text"/>
NAME	LICENCE NUMBER

Main address of the real estate agency

<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER	STREET	SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>
MUNICIPALITY	PROVINCE	POSTAL CODE

As agency executive officer, I DELEGATE THE OPENING AND MAINTAINING OF A TRUST ACCOUNT, as set forth in section 24 of the Regulation respecting records, books and registers, trust accounting and inspection of brokers and agencies, to the real estate agency mentioned below.

Name of the agency executive officer who RECEIVES delegation

<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME

Name of the real estate agency that RECEIVES delegation

<input type="text"/>	<input type="text"/>
NAME	LICENCE NUMBER

Main address of the real estate agency

<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER	STREET	SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>
MUNICIPALITY	PROVINCE	POSTAL CODE

IN WITNESS WHEREOF I have signed in _____ on _____

MUNICIPALITY

DAY

MONTH

YEAR

X

SIGNATURE OF THE AGENCY EXECUTIVE OFFICER WHO DELEGATES the management of trust account

X

SIGNATURE OF THE AGENCY EXECUTIVE OFFICER to whom the management of trust account is DELEGATED

**SECTION II – DECLARATION RELATING TO REGULATORY EXEMPTIONS FROM OPENING AND MAINTAINING
A TRUST ACCOUNT**

Mr. Mrs.

Licence number:

Name of the undersigned licence holder for the application of the *Real Estate Brokerage Act*

LAST NAME FIRST NAME

Name of real estate agency (if applicable)

NAME LICENCE NUMBER

Address of real estate agency or establishment

NUMBER STREET SUITE

MUNICIPALITY PROVINCE POSTAL CODE

I am not bound by the obligation to open and maintain a trust account as provided for in the first paragraph of section 24 of the *Regulation respecting records, books and registers, trust accounting and inspection of brokers and agencies* for one of the following reasons:

(Check **ONE** of the three options, depending on your situation):

I DECLARE that I am employed by the Organisme d'autoréglementation du courtage immobilier du Québec (OACIQ).

OR

I DECLARE that I am employed by the (natural or legal) person mentioned below who is not a real estate agency. I do not engage, as such, in any brokerage transactions referred to in section 3.1 of the *Real Estate Brokerage Act*.

Employer's name

NAME

Employer's address

NUMBER STREET SUITE

MUNICIPALITY PROVINCE POSTAL CODE

OR

I DECLARE that I do not receive any deposit, advance on remuneration or costs from my clients. or any other sum from others. If I am no longer in this situation, I will immediately notify the Organisme d'autoréglementation du courtage immobilier du Québec in writing and comply with the obligations relating to trust accounts.

IN WITNESS WHEREOF I have signed in _____ on
MUNICIPALITY DAY MONTH YEAR

X

SIGNATURE OF LICENCE HOLDER

Organisme d'autoréglementation du courtage immobilier du Québec

4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2

Tel.: 450-462-9800 or 1-800-440-7170 • inspection@oaciq.com • oaciq.com