



Niagara Association of REALTORS®

APPLICATION: BRANCH OFFICE

BRANCH RECO# _____

The Firm of _____
hereby makes application for a Branch Office located at:

Street _____ City _____

Postal Code _____ Phone: _____ Fax: _____

Email _____ Website _____

Please attach a copy of the license and/or registration under the Real Estate & Business Brokers Act of Ontario for the Branch Office and payment in the amount of **\$500.00 + HST.** HST #R108010935

The following Member shall act as Branch Manager of this Office:

Name _____

The following brokers/salespersons are registered and will be working out of this Branch Office:

Visa Mastercard Cheque Debit

Card# _____ Expiry _____ / _____ CVC _____

Signature _____

Name of Broker of Record (please print) _____ Broker of Record Signature _____

For Office use only

Application reviewed by: _____
Carolyn Bones-Poley, Chief Executive Officer