



APPLICATION FOR TRANSFER OF REAL ESTATE SALESPERSON

PLEASE PRINT CLEARLY

1. The following salesperson is joining me on:

Date

OFFICE USE	
RECEIPT	
S/C NUMBER	
DATE CERT SENT	

2. FULL LEGAL NAME OF SALESPERSON

First Names

Surname

3. RESIDENTIAL ADDRESS OF SALESPERSON

4. The abovenamed will be employed at the following office/branch:

Full physical address of office

Signature of Principal Officer/Licensee

Trade/Company Name

Printed name of Signatory

Postal Address

Telephone

INSTRUCTIONS

1. **SEND** original form to: The Real Estate Agents Licensing Board, PO Box 99-881, Newmarket, Auckland with the prescribed **fee of \$33.75** (GST inclusive).
2. **SEND** a copy of this form to the National Office of the Real Estate Institute of New Zealand Incorporated. PO Box 5663, Auckland
3. This form must contain the original signature of the Principal Officer/Licensee.