

**REAL ESTATE (DEALERS & DEVELOPERS) ACT**

**APPLICATION FOR REGISTRATION AS A**

**REAL ESTATE DEALER**

**(Attach separate sheets where necessary)**

**SECTION 1**

(To be completed where the applicant is a Body Corporate or Partnership. If applicant is an individual see SECTION 2)

TRN #: .....

BUSINESS NAME:

.....  
.....

ADDRESS: (to be verified; please see below)

.....  
.....

TELEPHONE NUMBER(S): .....

FAX NO.: .....

E-MAIL: .....

DATE OF INCORPORATION/REGISTRATION: .....

NAME, ADDRESS, DATE OF BIRTH and PLACE OF BIRTH OF DIRECTORS OR PARTNERS: (Identify clearly the Partner or Director who would qualify for Registration in his own right)

NAME	ADDRESS	DATE OF BIRTH	PLACE OF BIRTH

NAME, ADDRESS, DATE OF BIRTH and PLACE OF BIRTH OF SECRETARY (If Body Corporate):

.....  
.....

Attach Certified Copy of Certificate of Incorporation/Registration or instrument constituting the Body or Partnership.

**SECTION 2** (To be completed in the case of an Individual)

TRN #: -----

SURNAME                                      FIRST NAME                                      MIDDLE NAME

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DATE OF BIRTH                                      PLACE OF BIRTH

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HOME ADDRESS                                      TELEPHONE NUMBER

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BUSINESS ADDRESS                                      TELEPHONE NUMBER

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EMAIL ADDRESS

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**(Attach two (2) Certified Passport Size Photographs)**

**(Attach Proof of Address; i.e. Utility Bills or Letter from a Justice of the Peace confirming address)**

***NB. SECTION 3 ONWARDS TO BE COMPLETED BY ALL APPLICANTS***

**SECTION 3** (Tick where applicable)

BRANCHES OF REAL ESTATE PRACTICE FOR WHICH REGISTRATION IS BEING SOUGHT

- |            |                          |                |                          |                     |                          |
|------------|--------------------------|----------------|--------------------------|---------------------|--------------------------|
| Sales      | <input type="checkbox"/> | Rentals/Leases | <input type="checkbox"/> | Property Management | <input type="checkbox"/> |
| Appraisals | <input type="checkbox"/> | Auctioneering  | <input type="checkbox"/> |                     |                          |

**SECTION 4**

Details of Services provided by the Business:

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**SECTION 5** (To be completed by Individual/Qualifying Director(s) or Partners)

DETAILS OF TRAINING & QUALIFICATIONS IN REAL ESTATE

Name & Address of Institution	Date Entered	Date Left	Qualifications Received

(Attach certified copies of Degrees, Diplomas, Certificates, etc. awarded)

**SECTION 6**

List names and addresses of, and attach character references from three (3) persons of good standing in the community.

Name	Address

**SECTION 7** (Tick where applicable)

1. Have you previously applied to be registered as a Real Estate Dealer or Salesman?

Yes [ ] No [ ]

If yes, give date(s) of application and result(s):

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2. Have you been convicted of any offence involving fraud or dishonesty

Yes [ ] No [ ]

If yes, give details:

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3. Have you been deprived of or suspended from Membership of any Professional Body?

Yes [ ] No [ ]

If yes, give details:

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**SECTION 8**

I \_\_\_\_\_ declare that the preceding are full and correct  
(Name of Applicant)

answers to the information asked and further declare that:

(If an Individual):

- a) I am over the age of 18 years;
- b) I have not had an order in Bankruptcy made against me, which remains undischarged.

(If a Body Corporate):

- c) No resolution has been passed or order made by a court of competent jurisdiction winding-up the applicant body;
- d) No proceeding has been taken whereby the property of the applicant body may be distributed among its creditors;
- e) No receiver has been appointed for any of the property of the applicant body;
- f) At least one director of the applicant body possesses the prescribed qualifications for registration;
- g) No director of the applicant body is disqualified for registration as an individual.

I/We have submitted the prescribed fees and (the qualifying director(s) or partner(s), as the case may be) possess the prescribed qualifications for registration and will furnish the Board with all other records it may require in considering this application.

-----  
SIGNATURE OF APPLICANT

-----  
DATE

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**FOR OFFICIAL USE OF THE REAL ESTATE BOARD**

Date application received: \_\_\_\_\_

Fees submitted \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date(s) application considered by REB: \_\_\_\_\_

Decision(s) of the Board: \_\_\_\_\_

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