

NOTICE OF CHANGE OF CIRCUMSTANCES - COMPANY
Section 67, Real Estate Agents Act 2008

Real Estate Agents Authority

INSTRUCTIONS See **Notes** on page 2

1. Use this form if your company holds an agent's licence and you are giving notice to the Registrar that you wish to change information recorded on the register, or advise any other change of circumstances, as set out below.
2. Complete all sections. Use BLOCK LETTERS. Use a ballpoint pen.
3. Please send the completed form to:
Post to: The Registrar, Real Estate Agents Authority, P.O. Box 25371, Panama Street, Wellington 6146.
Fax to: 04 815 8468
Email to: licensing@reaa.govt.nz
4. For help in completing this form, call 0800 for REAA (0800 367 7322) or 04 471 8930 or visit www.reaa.govt.nz

1. NAME OF COMPANY [as appears currently in the register] Name of company Company Licence number.....																			
2. CHANGE COMPANY NAME TO: New company name..... Date effective from																			
3. CHANGE OF TRADING NAME <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Former trading name of business</td> <td style="width: 50%; border: none;">New trading name of business</td> </tr> <tr> <td colspan="2" style="border: none; text-align: right;">Date effective from</td> </tr> </table>		Former trading name of business	New trading name of business	Date effective from															
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Date effective from																			
4. CHANGE OF FRANCHISE OR MARKETING GROUP NAME <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Former name of franchise or marketing group (if any)</td> <td style="width: 50%; border: none;">New name of franchise or marketing group (if any)</td> </tr> <tr> <td colspan="2" style="border: none; text-align: right;">Date effective from</td> </tr> </table>		Former name of franchise or marketing group (if any)	New name of franchise or marketing group (if any)	Date effective from															
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Date effective from																			
5. CHANGE OF ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Former address</td> <td style="width: 50%; border: none;">New address</td> </tr> <tr> <td style="border: none;">Street</td> <td style="border: none;">Street.....</td> </tr> <tr> <td style="border: none;">Suburb</td> <td style="border: none;">Suburb.....</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">City Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td style="border: none;">Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td style="border: none;">Office Phone:</td> </tr> <tr> <td style="border: none;">Office Phone:</td> <td style="border: none;">Office Email:</td> </tr> <tr> <td style="border: none;">Office Email:</td> <td style="border: none;">Web Address:</td> </tr> <tr> <td style="border: none;">Web Address:</td> <td style="border: none;">Date effective from</td> </tr> <tr> <td colspan="2" style="border: none;">Date effective from</td> </tr> </table>		Former address	New address	Street	Street.....	Suburb	Suburb.....	City	City Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Office Phone:	Office Phone:	Office Email:	Office Email:	Web Address:	Web Address:	Date effective from	Date effective from	
Former address	New address																		
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Office Phone:	Office Email:																		
Office Email:	Web Address:																		
Web Address:	Date effective from																		
Date effective from																			
6. CLOSURE OF BRANCH OFFICE Name of Branch..... Street Suburb City Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date effective from																			

7. OPENING NEW BRANCH OFFICE

Name of Branch..... Phone number

Street Branch Email

Suburb Website

City Postcode

Name of contact person

Date effective from

8. LICENSEES LEAVING COMPANY

Name	Licence Number	Date effective from

9. LICENSEES JOINING COMPANY

Name	Licence Number	Email	Date effective from

10. CHANGE OF OFFICER(S) OF THE COMPANY
[Tick the box and complete any of the following that apply.]

Person who is no longer an officer of the company
 You must advise the Registrar of any change in the identity and positions of all officers of the company (whether the officers hold an agent's licence or not).
 Name:.....
 Former position in company

Person who is a new officer of the company
 Name:.....
 Position in company
[Continue on a separate sheet if necessary.]

11. CERTIFICATION

I certify that the above particulars are true and correct and that I am duly authorised to provide notify the above changes of circumstances on behalf of the company.

Date..... Signature

Name *[print name]*

Signatory's position in company

Notes

1. Please ensure you include all relevant information: for example, licence numbers and postcodes.
2. Ensure that all licensees leaving or joining your company fill in a Notice Of Change Of Circumstances.