

Company staff changes

Section 67, Real Estate Agents Act 2008

- 1. Use this form if you have a **company** agent's licence to notify the Registrar of staff changes.
- 2. Complete all sections as applicable. Tick boxes as appropriate.
- 3. When completed attach the supporting documents and send to:

By email: licensing@rea.govt.nz

By post: Real Estate Authority, PO Box 25371, Wellington 6140

By courier: Real Estate Authority, Level 4, 95 Customhouse Quay, Wellington

4. For help completing this form call 0800 367 732 or +64 4 471 8930 or visit

rea.govt.nz.

| Company details | | |
|---|--|--|
| Company name: | | |
| Company licence number: | | |
| Licensee(s) joining the company (if applicable) | | |
| Licensee 1 | | |
| Name: | | |
| Licence number: | | |
| Business email: | | |
| Business phone: (0) | | |
| Name of branch: | | |
| Branch address: | | |
| Start date (dd/mm/yyyy):/ | | |
| Licensee 2 | | |
| Name: | | |
| Licence number: | | |
| Business email: | | |
| Business phone: (0) | | |
| Name of branch: | | |
| Branch address: | | |
| Start date (dd/mm/yyyy):/ | | |



| Licensee 3 | |
|---|--|
| Name: | |
| Licence number: | |
| Business email: | |
| Business phone: (0) | |
| Name of branch: | |
| Branch address: | |
| Start date (dd/mm/yyyy):/ | |
| Licensee 4 | |
| Name: | |
| Licence number: | |
| Business email: | |
| Business phone: (0) | |
| Name of branch: | |
| Branch address: | |
| Start date (dd/mm/yyyy):/ | |
| Licensee(s) leaving the company (if applicable) | |
| Licensee 1 | |
| Name: | |
| Licence number: | |
| End date (dd/mm/yyyy):/ | |
| Licensee 2 | |
| Name: | |
| Licence number: | |
| End date (dd/mm/yyyy):/ | |
| Licensee 3 | |
| Name: | |
| Licence number: | |
| End date (dd/mm/yyyy):/ | |
| Licensee 4 | |
| Name: | |
| Licence number: | |
| End date (dd/mm/yyyy): / / | |



Licensee(s) moving between branches of the company (if applicable)

| Licei | nsee 1 |
|-------|---|
| Nam | ne: |
| Licer | nce number: |
| Forn | ner branch name: |
| Form | ner branch address: |
| New | branch name: |
| New | branch address: |
| Date | e effective from <i>(dd/mm/yyyy)</i> :/ |
| | nsee 2 ne: |
| Licer | nce number: |
| Form | ner branch name: |
| | ner branch address: |
| | branch name: |
| | branch address: |
| Date | e effective from <i>(dd/mm/yyyy)</i> :/ |
| Licei | nsee 3 |
| Nam | ne: |
| Licer | nce number: |
| Form | ner branch name: |
| Form | ner branch address: |
| New | branch name: |
| New | branch address: |
| Date | e effective from <i>(dd/mm/yyyy)</i> :/ |
| Cert | tification |
| | I certify that the above particulars are true and correct. |
| | I am duly authorised to provide notify the above changes of circumstances on behalf of the company. |
| Sign | ature: |
| Nam | ne (print name): |
| Date | e (dd/mm/yyyy):/ |
| Posit | tion in the company: |