

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: <u>licensing@rea.govt.nz</u>

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:
Lice	nce number:
Forn	ner branch name:
Forn	ner branch address:
New	branch name:
New	branch address:
Date	e effective from <i>(dd/mm/yyyy)</i> :/
Lice	nsee 2
Nam	ne:
Lice	nce number:
Forn	ner branch name:
Forn	ner branch address:
	branch name:
New	branch address:
Date	e effective from <i>(dd/mm/yyyy)</i> :/
Lice	nsee 3
Nam	ne:
Lice	nce number:
Forn	ner branch name:
Forn	ner branch address:
New	branch name:
New	branch address:
Date	e effective from <i>(dd/mm/yyyy)</i> :/
Cer	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	nature:
Nam	ne (print name):
Date	e (dd/mm/yyyy):/
Posi	tion in the company: