

Form 641

for use in the Province of Ontario

BETWEEN:, Referring Brokerage

Address

Telephone No Fax No

(Name of Salesperson/Broker/Broker of Record)

AND:, Receiving Brokerage

Address

Telephone No Fax No

(Name of Salesperson/Broker/Broker of Record)

REFERRING BROKERAGE provides the following information:

(Include as much information as possible to enable the Receiving Brokerage to provide the best possible service)

Reference

Referral Party Name(s)	
Telephone No	Email Address
Address	
<input type="checkbox"/> Seller Property	<input type="checkbox"/> Buyer Price Range, Location, etc

Additional Comments

The Seller/Buyer hereby acknowledges and consents to this referral, and acknowledges the Referring Brokerage may, as a result of this referral, be paid by the Receiving Brokerage a fee of

Signature of Seller/Buyer

(Date)

(Name of Registrant authorized to bind the Referring Brokerage)

(Signature of Registrant)

(Date)

RECEIVING BROKERAGE acknowledges receipt of the referral information and agrees to offer service to the above mentioned Seller/Buyer and to provide service as mutually agreed to between Receiving Brokerage and Seller/Buyer. The receiving Brokerage agrees to inform the Referring Brokerage of the results of this referral and provide documentation of the results including the Listing Agreement, Agreement of Purchase and Sale and a statement of commission earnings or a copy of the Trade Record Sheet.

Receiving Brokerage agrees to pay the Referring Brokerage upon receipt of commission resulting from this referral, a fee of

Additional Comments

(Name of Registrant authorized to bind the Receiving Brokerage)

(Signature of Registrant)

(Date)

RESULTS OF REFERRAL:

Reference

Address of property sold


Sale Price Closing Date

Referral fee payable

(Name of Registrant authorized to bind the Receiving Brokerage)

(Signature of Registrant)

(Date)

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