

REQUEST FOR  
ASSISTANCE  
FORM



Dear Madam:

Dear Sir:

You will find enclosed a "Request for assistance" form which you can use to explain the facts pertaining to your case. Please return it to us duly signed by mail, fax or email, to the attention of the Assistance Service. Be sure to include a copy of any relevant documents (brokerage contract, promise to purchase, annexes, document describing the immovable or enterprise, etc.) that you have in your possession and that could help us better assess the situation.

As soon as your request is received by the Assistance Service (Assistance OACIQ), it will be assigned to an analyst. If you are a real estate broker working for an agency, the signature of the executive officer of your agency is required.

Assistance OACIQ has various mechanisms at its disposal to settle disputes wherever possible. If circumstances warrant, your request will be forwarded to the appropriate department (illegal brokerage, Syndic, Indemnity Fund or other). If you are not satisfied with the handling of your case, you may ask to have it referred to the Syndic.

The nature and urgency of your request, the number of parties involved as well as the caseload are all factors that can have an impact on processing times determined by Assistance OACIQ.

Yours sincerely,

Attachment: Request for assistance form

P.S. Assistance OACIQ contact information:  
4905 Lapinière Blvd, Suite 2200  
Brossard (Québec) J4Z 0G2  
Tel.: 450 676-4800 or 1 800 440-5110  
Fax: 450 676-5627  
assistance@oaciq.com  
www.oaciq.com

**Request for assistance**

**► Identification of the applicant**

Sex:  Female  Male

Name and surname: \_\_\_\_\_

Occupation: \_\_\_\_\_ (if OACIQ licence holder, licence no. | | | | | | | | )

Adresse: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**I hereby request the Organisme d'autoréglementation du courtage immobilier du Québec to intervene in the following matter.**

**► Nature of transaction**

Purchase / sale / lease • Immovable  Purchase / sale • Enterprise  Mortgage Loan

Other (please specify): \_\_\_\_\_

Date of transaction: | | | | | | | |  
YEAR MONTH DAY

Address of immovable or enterprise (if needed): \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

**► Identification of the individual(s) concerned by the request for assistance**

**Individual concerned – 1**  Agency (licence no. | | | | | | | | )  Broker (licence no. | | | | | | | | )  Other \_\_\_\_\_

Name and surname: \_\_\_\_\_

Brokerage firm: \_\_\_\_\_

Adresse: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Position or title: \_\_\_\_\_

**Individual concerned – 2**  Agency (licence no. | | | | | | | | )  Broker (licence no. | | | | | | | | )  Other \_\_\_\_\_

Name and surname: \_\_\_\_\_

Brokerage firm: \_\_\_\_\_

Adresse: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Position or title: \_\_\_\_\_

**► Detailed facts pertaining to the request for assistance**

Note : List the events in chronological order of their occurrence, specifying the names, addresses and phone numbers of the other persons involved and the witnesses, as well as the places, date and time of each event, when this is possible. If the available space is insufficient, you may add as many pages as necessary.

**IMPORTANT:** Please include a copy of all relevant documents in your possession.

**WARNING:** The Organization reserves the right to disclose the contents of this request to the interested parties.

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