

INSTRUCTIONS

1. Please print clearly.
2. If there is insufficient space on the form, please provide the requested information in an attachment.

PART A				
To be completed by the brokerage before forwarding this report to the reporting accountant				
The following information is given with respect to _____ for the fiscal year (legal name of brokerage)				
commencing on _____ and ending on _____ (first day of the brokerage's fiscal year) (last day of the brokerage's fiscal year)				
All savings institutions accounts of the brokerage opened, closed or maintained during the fiscal year. (Use attachment if required)				
Name and branch location of savings institution	Account #	Type of Account <small>(brokerage trust, commission, strata operating and contingency reserve, general, etc.)</small>	Date of opening during fiscal year	Date of closing during fiscal year
Address of the brokerage and, if applicable, of all branch offices of the brokerage that operated at any time during the fiscal year:				

PART B
To be completed by the reporting accountant
<p>1. Based on my/our examination and subject to any qualifications or exceptions noted in number 4, I/we report that in my/our opinion, the brokerage has, for the fiscal year:</p> <ol style="list-style-type: none"> a) maintained books, accounts and other records in connection with their business as a brokerage as required by Part 3 [Trust Accounts and Other Financial Matters] of the Real Estate Services Act, Part 3 [Trust Accounts and Other Financial Matters] of the Real Estate Services Regulation, Part 5 Division 3 Section 15 [Commissions and Other Remuneration], Part 7 [Brokerage Accounts and Financial Requirements] and Part 8 Division 1 [Brokerage Records-Financial Records] and Division 3 [General Recordkeeping] of the Council Rules; b) maintained in its brokerage trust accounts and commission trust accounts sufficient funds to discharge its gross trust liabilities as disclosed in its accounts; and, c) prepared a monthly trust reconciliation for all month ends that occurred in the fiscal year. <p>2. Based on my/our review of the unaudited financial statements for the fiscal year, which were prepared by _____ and our Review Engagement Report (or Notice to Reader if authorized) dated _____, and subject to any qualifications or exceptions noted in number 4, we report the following:</p> <ol style="list-style-type: none"> a) Per the Financial Statements: Current assets: \$ _____ Total assets: \$ _____ (exclusive of goodwill, incorporation costs and other intangibles) Current liabilities: \$ _____ Total liabilities: \$ _____

PART B (Continued)

To be completed by the reporting accountant

Except as noted in number 4 below,

- b) no changes in accounting principles used by the brokerage have been brought to my/our attention,
 - c) no contingent liabilities in connection with this brokerage have been brought to my/our attention, and
 - d) there are no material subsequent events that have come to my/our attention that would result in an exception.
3. I/We have also reviewed the monthly trust reconciliations for all month ends that occurred after the end of the fiscal year but before the date of completion of field work.
4. Qualifications or exceptions, if any: _____
(use attachment if insufficient space)

Reporting accountant's information

Date of completion of field work

Name of accountant

Professional status

Accountant's address

Phone number (include area code)

Signature

Date of signing

Name of accounting firm

Phone number (include area code)

Accounting firm's address

PART C

To be completed by both a managing broker of the brokerage and a director, officer, partner or sole proprietor of the brokerage.

I/WE HEREBY CERTIFY THAT:

- a) All books, records, accounts and subordination agreements of this brokerage have been disclosed to the accountant except as noted in (d) below.
- b) There have been no changes in capital structure, directors, officers, shareholders, partners or accountants of this brokerage since the date of the previous accountant's report filed except as noted in (d) below.
- c) I/We have reviewed this report and to the best of my/our knowledge believe it to be true and accurate.
- d) Qualifications or exceptions, if any: _____

Name of brokerage

Name of managing broker

Signature of managing broker

Date

Name of director/officer, partner or sole proprietor

Signature of director/officer, partner, or sole proprietor

Date

Mailing Address

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