

TRUST / REAL ESTATE ESCROW ACCOUNT REGISTRATION/CHANGES FOR FIRMS

GEORGIA REAL ESTATE COMMISSION

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 Atlanta, Georgia 30303-1605
 Telephone: (404) 656-3916
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(Applications that require a fee cannot be faxed)

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www.grec.state.ga.us

FOR OFFICE USE ONLY	
PMD:	FEE:
PI:	DD:
EDI:	QCI:
CODES:	FI:

***Incomplete applications will be charged \$25.00.**

NO FEE - If filed within one month of opening/closing the account (\$25.00, if filed after one month)

SECTION I • OPENING ACCOUNTS •

[Official Code of Georgia Annotated §§43-40-18 (b), 43-40-20 (a), (b), (c), (g), & 43-40-25 (5)]

1) We, the undersigned broker and bank official, do hereby certify that the following trust/real estate escrow account(s) has (have) been opened:

ACCOUNT NUMBER	BANK NAME	DATE OPENED

for the use of:

Firm Name					Firm License Number	
Firm's Street Address						
City		State		Zip Code		County

Federal Employer(s) Identification Number**	
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****NOTE: USE THIS NUMBER, NOT YOUR SOCIAL SECURITY NUMBER, WHEN OPENING A TRUST / REAL ESTATE ESCROW ACCOUNT(S). CONTACT THE I.R.S. FOR FORM SS4 IF YOU DO NOT HAVE THIS NUMBER.**

Answer both of the following questions: *This (these) trust/real estate escrow account(s) is (are):*

	Yes	federally insured checking account(s) (as required by law)
	No**	
	Yes	for the use only (as required by law) for the deposit of the funds of others in real estate brokerage transactions
	No**	

****If your answer to either one of these questions is "No" you must attach an explanation****

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As Qualifying Broker, I hereby authorize the commission to examine this (these) account(s) at such times as it may direct and certify that I have signatory powers on all of the firm's trust/real estate escrow accounts. As Bank Official, I hereby acknowledge that I have received this registration from the Qualifying Broker.

Broker's Signature		Bank Official's Signature	
Print Broker's Name		Bank Official's Title	
Date		Date	

SECTION II • CLOSING ACCOUNTS

I, the undersigned broker, do hereby give notice to the Commission that this firm has closed the following bank trust /real estate escrow account(s) which was (were) used for holding the funds of others in real estate brokerage transactions:

ACCOUNT NUMBER	BANK NAME	DATE CLOSED

Broker's Name (Print)		Broker's License Number	
Firm Name		Firm License Number	
Firm's Street Address			
City		State	
		Zip Code	
		County	

I, do hereby certify: **check one:**

	While this firm is closing the bank trust/real estate escrow account(s) listed above, the firm does maintain another active bank trust/real estate escrow account(s) for the deposit of trust /escrow funds it receives in real estate brokerage transactions.
	This firm has no plans to hold trust/real estate escrow funds in any real estate brokerage transaction; if this firm does become the custodian of any trust/escrow real estate funds in a real estate brokerage transaction, I shall see that the required trust/real estate escrow account is opened within one business day of the receipt of such funds and immediately file with the Commission all of the documentation required in Section I above.

Broker's Signature

Date

SECTION III. BANK NAME CHANGE/ACCOUNT NUMBER CHANGE DUE TO MERGE

ACCOUNT NUMBER	ACCOUNT NUMBER CHANGED TO	BANK NAME	BANK NAME CHANGED TO

Broker's Signature

Date