

TIGAR

The Inland Gateway
Association of REALTORS®

Ph. (951)735-5121 Fax (951) 735-0335

Office to Office Listing Transfer (Both offices are within TIGAR)

Name: _____ Date: _____

Office: _____ NRDS#: _____

Listing Transfer Update

(Complete this section if listings will be transferred)

The originating DR/Broker MUST complete this form in its entirety otherwise the listings will not be released and will remain with the old brokerage in his/her name. By signing below the old DR/Broker confirms the release of the following listings. Please note, if the change is not reflected on DRE records the transferred listings will be moved to the new DR/Broker's name ONLY.

Old office: _____ New office: _____

Effective Date: _____ New office Address: _____

ML# _____ Address _____

ML# _____ Address _____

ML# _____ Address _____

ML# _____ Address _____

ML# _____ Address _____

ML# _____ Address _____

ML# _____ Address _____

Transferring DR/Broker/Manager Name: _____ Date: _____

Transferring DR/Broker/Manager Signature: _____ Date: _____

Accepting DR/Broker/Manager Name: _____ Date: _____

Accepting DR/Broker/Manager Signature: _____ Date: _____

Transferring Agent Signature: _____ Date: _____