

Agent Termination Form



All sections of this form are required to be filled out.

An authorized personnel* of the brokerage is **required** to sign this form. **Any forms with a missing signature will be sent back.**

*Authorized Personnel refers to an individual who has been designated by a broker to act on their behalf

This form is not for transferring an agent to a different office. Please use the Agent Transfer Form for that.

Please submit the form to member@wisre.com, it may take up to 2 business days for the transfer to be processed. By submitting this form, you confirm that you have read and understand these instructions.

AGENT FIRST NAME	AGENT LAST NAME
<input type="text"/>	<input type="text"/>

OFFICE INFORMATION **EFFECTIVE DATE OF TERMINATION:** _____

OFFICE NAME
<input type="text"/>
OFFICE EMAIL ADDRESS
<input type="text"/>
OFFICE PHONE NUMBER
<input type="text"/>
OFFICE ADDRESS
<input type="text"/>
OFFICE NRDS/M1 ID
<input type="text"/>

AUTHORIZED PERSONNEL SIGNATURE: _____ **DATE:** _____

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