



REGISTERED INSURANCE BROKERS OF ONTARIO

EMPLOYMENT CONFIRMATION FORM

401 Bay Street, Suite 1200
P.O. Box 45
Toronto, ON M5H 2Y4
416 365 1900
1 800 265 3097
Fax: 416 365 7664
www.ribo.com

This will confirm the employment of the following individual:

Individual Information	
First Name	Last Name
Email Address	Effective Date

Firm Information			
Name of Firm		Registration # of Firm	
Address at which individual will be working from: <input type="checkbox"/> Head/Primary/Main Office <input type="checkbox"/> Branch			
Address			
City	Province ON	Postal Code	Phone Number ()

I am aware that, should the above individual's employment status with our brokerage firm change, that in accordance with RIBO By-Law No.20, we are responsible in notifying RIBO within 30 days, as with any other change.

Principal Broker/Deputy Principal Broker Information		
<input type="checkbox"/> Principal Broker <input type="checkbox"/> Deputy Principal Broker <input type="checkbox"/> Supervising Broker		
First Name	Last Name	
Signature	RIBO #	Date

RIBO OFFICE USE ONLY: DO NOT COMPLETE THIS SECTION	Received	F	Restriction	Date	Batch
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