



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

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 the individual will be at:		<input type="checkbox"/> Head/Primary/Main Office	<input type="checkbox"/> Branch
Are they working remotely?		<input type="checkbox"/> Yes, within Canada	<input type="checkbox"/> Yes, outside of Canada
Address (Head/Primary/Main Office/Branch)			
City	Province	Postal Code	Phone Number ()
Address (applicable if working remotely)			
City	Province	Postal Code	Phone Number ()

I am aware that, should the above individual's employment status with our brokerage change, we are responsible for notifying RIBO within 10 days, in accordance with RIBO By-Law No. 3.

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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