

## State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

**REAL ESTATE COMMISSION - LICENSING SERVICES BUREAU** 

20 WEST STATE STREET

P.O. Box 474

TRENTON, NJ 08625-0328 Tel: (609) 292-7272

FAX: (609) 292-7272

## **IRREVOCABLE CONSENT TO SERVICE (CORPORATION ONLY)**

PRINT Full Legal Name of Authorized Corporate Officer			as Corporate Officer and duly authorized
PRINT F			
representative of			hereby give the irrevocable
PRINT Full Legal Name of Corporation			
Licensee may be commenced ag the office of the New Jersey Rea the corporation named within, I	painst it by service in-per I Estate Commission (NJ agree that such service	son, or by certified mail, upor REC), pursuant to N.J.S.A. 4 shall have the same valid lea	ned corporation as a New Jersey Real Estate in the Executive Director, or person in charge of 5:15-9 and 45:15-21. Furthermore, on behalf of gally binding effect upon said corporation in all zed representative, in-person within the State of
SIGN Full Legal Name of Authori	zed Corporate Officer	Date (mm/dd/yy)	AFFIX OFFICIAL
PRINT Full Legal Name of Witness		Date (mm/dd/yy)	CORPORATE SEAL HERE
			HERE
SIGN Full Legal Name	of Witness		
*** AREA BELOW TO BE COMPLETED BY A LEGALLY, AUTHORIZED NOTARY OR ATTORNEY ONLY ***			
I, CERTIFY that on the following date PRINT Month's Full Name and Day (i.e June 07) , 20 (yy)			
The Corporate Officer personally came before me and personal			
acknowledged, under oath, and to	-		
<ul> <li>(a) above person is the authorized</li> <li>(b) above person is the attesting with the attesting with the attest of the</li></ul>	Corporate Officer of the co tness to the signing of this gned, and delivered by, th from a corporation shall b o execute it and is attache seal of the entity which wa	irrevocable consent by the prop e entity as its voluntary act dul e accompanied by a duly certifi d to this document. as affixed to this irrevocable cor	ber authorized Corporate Officer named within. y authorized by a proper resolution of its Board of ed copy of the resolution of the Board of Directors
OFFICIAL NOTARY SEAL	Notary		Attorney
	If a Notary, my Com expires on (mm/dd/y		lf a licensed
AFFIX	County of:		Attorney,
OFFICIAL NOTARY SEAL	State of:		— my BAR ID is:
HERE	PRINT Full	Legal Name of Notary	PRINT Full Legal Name of Attorney
	SIGN Full L	egal Name of Notary	SIGN Full Legal Name of Attorney