



WORKSHEET

OFFICE USE ONLY	
DATE RECEIVED	
BLOCK #	
LOT #	

	BLOCK #	LOT #	10 ft CEILING HEIGHT	OPT. BEDROOM
CHOICE #1			<input type="checkbox"/>	
CHOICE #2			<input type="checkbox"/>	
CHOICE #3			<input type="checkbox"/>	

PURCHASER INFORMATION					
(PLEASE INCLUDE CLEAR PHOTO OF BOTH SIDES OF PURCHASER'S ID AND ENSURE PURCHASER INFORMATION MATCH EXACTLY)					
PURCHASER 1			PURCHASER 2		
First Name			First Name		
Last Name			Last Name		
Address			Address		
Suite #			Suite #		
City, Province, Postal Code			City, Province, Postal Code		
DOB (YYYY-MM-DD)			DOB (YYYY-MM-DD)		
ID Type			ID Type		
ID Number			ID Number		
SIN			SIN		
Employer			Employer		
Occupation/Title			Occupation/Title		
Nature of self-employed business			Nature of self-employed business		
Home Phone			Home Phone		
Mobile Phone			Mobile Phone		
Email			Email		
Nature of Purchase <input type="checkbox"/> Personal Use <input type="checkbox"/> Investment			Nature of Purchase <input type="checkbox"/> Personal Use <input type="checkbox"/> Investment		

CO-OPERATING AGENT INFORMATION			
Name			Attached business card
Brokerage			
Address			
City, Province, Postal Code			
Email			
Mobile Phone			
Office Phone:			
Office Fax			