freed
HOTEL & RESIDENCES

WORKSHEET SUBMISSION

DATE

SELECTION	Model	Suite	Level	Unit	Size (sq ft)	Price
1st Choice						$
2nd Choice						$
3rd Choice						$

PURCHASER INFORMATION ****Attach copy of ID(S)****

FIRST PURCHASER		SECOND PURCHASER	
Full Name		Full Name	
Address	Suite #	Address	Suite #
City & Province	Postal Code	City & Province	Postal Code
D.O.B.	SIN#	D.O.B.	SIN #
( )		( )	
Residence Phone		Residence Phone	
( )		( )	
Business Phone		Business Phone	
( )		( )	
Fax		Fax	
Email		Email	
Occupation		Occupation	
Company		Company	
Government-Issued Photo ID# / Expiry Date		Government-Issued Photo ID# / Expiry Date	

NOTES:

CO-OPERATING AGENT ****Attach Business Card(s)****

Name		Brokerage	
Address		City & Province	Postal Code
( )		( )	
Mobile Phone		Fax	
( )			
Office Phone		Email	