



RESIDENCES
A Division of
AMACON

SPECIAL BROKERS WORKSHEET

Date of Offer: June 12/08 Salesperson: SUNNY PATHETA

Suite Number: 3302 Tower: C1 Floorplan: C2 Level No.: 32 Legal: _____

PURCHASE PRICE & DEPOSITS:

Purchase Price: \$ 296,900

1st Deposit: \$2,000.00 with Agreement

2nd Deposit: balance to 5% in 30 days \$ _____ Date: _____

3rd Deposit: 5% in 90 days \$ _____ Date: _____

4th Deposit: 5% on occupancy date \$ _____ Date: _____

SPECIAL INSTRUCTIONS – AMENDMENTS, ADDENDUMS, CONDITIONS:

PURCHASER #1

GURPREET PATHETA

First, Middle & Last Name

09/04/1981 535 326 961
Date of Birth: (M/D/Y) S.I.N.

20810 - 30858-15904

Drivers License #

5183 11001824 1 Drive
Address Suite #

MISSISSAUGA L5H 5C2
City Postal Code

(905) 858-4881 416-832-7377
Residence Phone Business Phone

Fax Number _____

Address Suite # _____

City _____ Postal Code _____

Date of Birth: (M/D/Y) S.I.N.

Drivers License #

Address Suite # _____

Business Phone _____

Fax Number _____

Address Suite # _____

Email Address _____

Postal Code _____

Suite No. _____

Solicitor's Name

Firm _____

Address

Postal Code _____

City _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages: _____

Marital Status: _____

PURCHASER PROFILE: to be completed by agent/sign-up person

Did you register through the Web?

How did you hear about us?

How many dependents are living with you?

Profession:

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number _____

Dependents Ages:

Marital Status:

Address _____

City _____

Postal Code _____

Suite No. _____

Email _____

Fax Number _____

Phone Number