10" Colby

WISH LIST

02 model

602

240

THE RESIDENCES AT PARKSIDE VILLAGE

VIP BROKER'S WORKSHEET

Date of Offer: _____ **Salesperson:** _____

Suite Number: ~~602~~ 240 **Tower:** _____ **Floorplan:** _____ **Level No.:** _____ **Legal:** _____

PURCHASE PRICE & DEPOSITS:

Purchase Price: $_____

1st Deposit: $2,000.00 with Agreement

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

3rd Deposit: 5% in 365 days $_____ Date: _____

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

SPECIAL INSTRUCTIONS – AMENDMENTS, ADDENDUMS, CONDITIONS:

PURCHASER #1

Aladin Munyanziza
First, Middle & Last Name

12-15-1976 _____
Date of Birth: (M/D/Y) S.I.N.

M9310-01507-61215
Drivers License #

73 Augusta Square 303
Address Suite #

Toronto M5T 2K6
City Postal Code

416-839-3345 905.293 3113
Residence Phone Business Phone

_____
Fax Number

aladino_12000@yahoo.com
Email Address

PURCHASER #2

_____
First, Middle & Last Name

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

_____
Drivers License #

_____ Suite #
Address

_____ _____
City Postal Code

_____ _____
Residence Phone Business Phone

_____
Fax Number

_____
Email Address

PURCHASER'S SOLICITOR

_____ _____
Solicitor's Name Firm

_____ Suite No.
Address

_____ _____
City Postal Code

_____ _____ _____
Phone Number Fax Number Email

PLEASE MAKE CHEQUES PAYABLE TO HARRIS, SHEAFFER, LLP in Trust

PURCHASER PROFILE: to be completed by agent/sign-up person		
Did you register through the Web?	End User or Investor?	
How did you hear about us?	Profession:	
How many dependents are living with you?	Dependents Ages:	Marital Status: