

eve 3207

## Mortgage Commitment

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Response: Jul-07-2009 03:28:22 PM EST

### BROKER INFORMATION

Name: Atlantic (HS) Financial Corporation License #: 10422  
Address: 211 80 Acadia Avenue Markham ON L3R 9V1  
Attention: Anoop Kapoor Application Reference #: AHSF-11235

### LENDER INFORMATION

Name: National Bank of Canada  
Address: 2 County Court Blvd. Suite 100 Brampton ON L6W3W8  
Lender Reference #: 824418 Mortgage Insurance Reference #: 2011999111

### APPLICANT INFORMATION

Applicant: HARI NIRULA

### Property Information

Address: 3207 - 3515 KARIYA DR MISSISSAUGA ON L5B1C1

With reference to the above, National Bank of Canada is pleased to provide a mortgage loan offer, under the following terms and conditions:

Loan		Terms	Payment	
Purchase/Value	\$ 285,900.00	Mortgage Type	First	Principal and Interest \$ 989.66
Downpayment	\$ 28,590.00	Term Type	Closed	Taxes (Estimated) \$ 250.00
Amount	\$ 257,310.00	Interest Rate	2.850%	Taxes Paid By Lender
Insurance Premium	\$ 6,175.44	Term (Months)	60	Total Installment \$ 1,239.66
Total Loan	\$ 263,485.44	Amortization (Months)	420	
Other Mortgages		Frequency	Monthly	Commitment Expires 15-Jul-2009
Closing Date	15-Jul-2009			

### LENDER AUTHORIZATION

All of our normal requirements and, if applicable, those of the mortgage insurer must be met. All costs including legal, survey, mortgage insurance, etc. are for the account of the applicant(s). The mortgage insurance premium (if applicable) will be added to the mortgage. This mortgage is subject to the details and terms outlined as well as the conditions described on the attached Schedule A.

Approved by: Bitter Aulakh  
NATIONAL BANK OF CANADA

### CLIENT ACCEPTANCE

I/We the undersigned applicant(s) accept the terms of this mortgage as stated above and agree to fulfill the conditions of approval as outlined on the attached Schedule A to the lender's satisfaction. I/We further certify that the information given on the mortgage application is true and correct.

Applicant: HARI NIRULA Signature \_\_\_\_\_ Date \_\_\_\_\_

## Mortgage Commitment

Schedule A

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FirmName:	Atlantic (HS) Financial Corporation	Lender Name:	National Bank of Canada
Attention:	Anoop Kapoor	Lender Reference #:	824418
Application Reference #:	AHSF-11235	Mortgage Insurance Reference #:	2011999111

## CONDITIONS OF APPROVAL

## OTHER

- ☐ **Revolving Clause**  
It is now possible to register 100% of the value of the property (lower of the purchase price or appraised value) as the mortgage and subsequently borrow additional amounts provided the client qualifies within the eligibility criteria of the Bank's credit policies.  
Please sign below to confirm that you want your mortgage to be registered with 100% of the value of the property.
- \_\_\_\_\_  
(Signature)
- \_\_\_\_\_  
(Signature)
- If no signatures are indicated above, mortgage will not be registered for the 100% of the value of the property.
- REVOLVING MORTGAGE:** Available for Owner occupied Insured and Conventional mortgages. The revolving mortgage lets you re-borrow the repaid or unused (minimum draw \$5000) principal at any time, up to the amount of the registered loan without going to the lawyer. Each portion advanced will have its own rate term and amortization. Rate for each portion will be set at the date of the request for the advance. The sub search fees will be applicable and for insured deals, insurer approval will be required.
- ☐ **Down payment from Sale**  
Provide a mortgage statement in order to confirm the equity due from the sale in the amount of the down payment.
- ☐ **Variable Rate Mortgage Payment Options**  
Please choose one of the following payment options:  
1) Variable Payment based on the interest rate payable: ( ) Accelerated Weekly or ( ) Accelerated Bi-Weekly or ( ) Monthly  
2) Fixed Payment based on the 5-year posted rate of 5.25%: ( ) Accelerated Weekly or ( ) Accelerated Bi-Weekly or ( ) Monthly
- NOTE: IF NO PAYMENT OPTION IS INDICATED, INSTRUCTIONS WILL BE ISSUED WITH A VARIABLE PAYMENT MONTHLY AND CHANGES MUST BE MADE AFTER CLOSING.**
- ☐ This is a five (5) year closed term with automatic adjustment every month with a premium of 0.60% in addition to the Banks prime interest rate then in force (Prime currently 2.25%).
- ☐ For the applicant, provide one of the following documents in addition to the pay stub: a current employment letter or 2007 NOA or 2 years T4 slips.
- ☐ **Provide solicitor information**  
Firm:  
Name:  
Address:  
Tel  
Fax:
- ☐ **Separation Agreement**  
National Bank requires a copy of the complete separation/divorce agreement reflecting NO alimony/support payments. Separation agreement must confirm division of matrimonial asset and also confirm our mortgagor is not responsible for any joint debts.
- ☐ **Provide offer of purchase**
- ☐ **Exchange Process**  
Process for submitting support documentation to National Bank
- Exchange**  
1. Broker is advised of the approval via Expert  
2. Broker will enter the Form section of Expert and select the Filogix Exchange tab.  
3. The next screen will list all documentation. The Broker can print off the applicable fax cover sheets required for the deal.  
4. Documents are faxed to NBC using these fax cover sheets.

Date:

Initials:

**Mortgage Commitment****Schedule A**

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<b>Attention:</b>	Anoop Kapoor	<b>Lender Reference #:</b>	824418
<b>Application Reference #:</b>	AHSF-11235	<b>Mortgage Insurance Reference #:</b>	2011999111

**OTHER**

- \* Always use the fax number showing on the new fax cover sheets, not the fax number for NBC.
- \* Never use the same fax cover sheets for different files

For file status and General Inquiries: Contact National Bank Help Desk via Phone: 1-800-299-4652 or 905-796-3900. Fax: 1-800-823-3414 or 905-796-7331 or Email: mortgageservices@bnc.ca

Conditions Officer: Ana Mapalad (reviews all conditions)  
Underwriter: Bitter (Ruby) Aulakh (approval only)

- ☐ Down payment from Sale  
Provide firm sale of current residence and waivers.
- ☐ Owner Occupied  
Property must be Principal residence and owner-occupied with no secondary financing.
- ☐ The condo unit must be registered with the condo corporation. Single, 100% disbursement once work is completed.
- ☐ Broker will provide a signed copy of the 3-page 'COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION' document (to be forwarded separately via fax/e-mail).
- ☐ For the applicant, provide a current pay stub confirming annual income of \$75450.

Date:

Initials:



D570CAAAB8EX1MAM001

1	BORROWER NAME (and Number)	BIRTHDATE	LIFE INSURANCE COST (per month)	LIFE - INITIAL TO		DISABILITY INSURANCE ("DI") COST (per month)	DI INITIAL TO	
				✓ Apply	✓ Waive		✓ Apply	✓ Waive
#1	HARI NIRULA	09 DEC 1974	\$34.65	<input type="checkbox"/>	<input type="checkbox"/>	\$19.31	<input type="checkbox"/>	<input type="checkbox"/>
#2				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
MONTHLY POLICY FEE						\$6.75		

INITIAL MORTGAGE INFORMATION	BALANCE	MONTHLY PAYMENT	FUNDING DATE	MORTGAGE #
	\$286,525.44	\$1,415.88 (with tax)	15 Jul 2009	AHSF-11235
	MORTGAGE BROKER: Atlantic (HS) Financial Corporation			

2 PAYMENT: ☐ Pre-Authorized Chequing (ATTACH A CHEQUE MARKED "VOID")  
☐ VISA ☐ MasterCard Card No.                      Exp   /    
 I understand and agree that coverage does not begin unless and until the Insurer receives a valid account from me from which the Insurer is authorized and able to collect premiums. (Credit Cardholder must sign as a borrower below).

3	I understand that if I provide incomplete or inaccurate information, no benefits will be paid for any reason, unless otherwise provided by law.	HARI			
		No	Yes	No	Yes
	1. Have you ever had or been treated for: heart disorder, chest pains, stroke, narrowing or blockage of an artery, aneurysm, cancer, tumours, lung or liver disorder including hepatitis or hepatitis carrier, diabetes, impaired fasting glucose, disorder of the pancreas, chronic fatigue, fibromyalgia or other form of chronic pain, any immune system abnormality, a positive HIV test, AIDS, or been advised by a Physician to stop or reduce drug use or alcohol consumption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. During the past <b>3 years</b> have you had or been treated for: <b>mental or nervous disorder</b> (depression, anxiety, stress, etc.), neurological disorder including seizures, high blood pressure, kidney or urinary disorder, gastro-intestinal bleeding, <b>back or knee pain</b> , arthritis, other musculo-skeletal disorder or any other illness, disease, operation, injury, or congenital defect not listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Are you currently under investigation or using medication or other treatment, or have you been advised to have further investigation, treatment, surgery, or been referred to another doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. During the past 12 months have you smoked any substance or used tobacco in any form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. During the past 3 years have you been absent from work for medical reasons for a month or longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. This coverage excludes death caused by certain high risk activities, such as: flying an aircraft, sky-diving, parachuting, hang gliding, scuba diving, participating in a crime, operating any vehicle or vessel while legally intoxicated, or being physically exposed to a war zone. Are you likely to engage in any of these activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I DECLARE THAT I HAVE READ AND UNDERSTOOD THE MEDICAL QUESTIONS ABOVE AND THAT THE ANSWERS TO THOSE QUESTIONS ARE MY SOLE RESPONSIBILITY AND ARE COMPLETE AND TRUE.** I understand that my Mortgage Broker is not qualified to provide advice regarding the Medical Questions and that I may be required to undergo a medical examination or tests.

I understand that my Mortgage Broker receives remuneration for performing their administrative duties. I have received the MPP brochure. I authorize and instruct my Mortgage Broker to provide to the Insurer: all my Mortgage Information, using the Approved System, and my Submitted Application which forms a part of any insurance contract issued. My premiums and coverage may differ from the amounts shown, based on the final Mortgage Information provided. Submitted Application means this completed form or a copy (which is as valid as the original). I authorize any person to provide the Insurer with my medical information. I acknowledge the need for this information for the purposes shown in the brochure. I hereby apply for insurance (except coverages waived above) or such alternative coverage as may be available under Mortgage Protection Plan, subject to the terms and conditions of any Certificate of Insurance issued to me. If ineligible, I have initialed to waive above to acknowledge my ineligibility.

**SIGN 4** Sign to Apply OR Waive:

X       X

#1 HARI NIRULA DATE (DD,MM,YY) #2 DATE (DD,MM,YY)

**PREMIUM REFUND IF  
CANCELLED IN 60 DAYS.**

Mortgage Protection Plan ("MPP") is the life and/or disability insurance offered on this form under Policy Number GC329/GC327-D. "The insurer" is The Manufacturers Life Insurance Company and/or its appointed agents. The Approved System is Expert.

## SPECIAL INSTRUCTIONS

Replace Existing ☐

Delay Coverage ☐  
until Funding Date ☐

Delete \$250.00 Property Tax Protection (Reduce DI Cost by 17%) ☐

All costs include Provincial Sales Tax.

Smokers add 60% to life insurance cost.