Worksheet
Leasing

Suite: 3901 **Tower:** PSV2 **Date:** May 10/17 **Completed by:** Silvi

Abdullatif Hussamy + Gulf Target Properties Inc.

Please mark if completed:

- ✓ ● Copy of 'Lease Prior to Closing' Amendment
- ✓ ● Copy of Lease Agreement
- ✓ ● Certified Deposit Cheque for Top up Deposit to 25% payable to Blaney McMurtry LLP in Trust
- ✓ ● Certified Deposit Cheque for leasing fee as per the Leasing Amendment payable to Amacon City Centre Seven New Development Partnership. $1,695 Draft No. 898619
- ✓ ● Agreement must be in good standing. Funds in Trust: $ 66,780.
- ✓ ● Copy of Tenant's ID
- ✓ ● Copy of Tenant's First and Last Month Rent
- ✓ ● Copy of Tenant's employment letter or paystub
- ✓ ● Copy of Credit Check
- ● Copy of the Purchasers Mortgage approval
- ✓ ● The elevator will not be allowed to be booked until all of the Above items have been completed and submitted

Administration Notes:

Call agent when approved. Abir Hlal @ 905 828-1122

PSV2

AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

LEASE PRIOR TO CLOSING

Between: ABACON DEVELOPMENT (CITY CENTRE) CORP. (the "Vendor") and
ABDULLATIF EL HUSSAMY and GULF TARGET PROPERTIES INC. (the "Purchaser")

Suite 3901 Tower TWO Unit 1 Level 39 (the "Unit")

It is hereby understood and agreed between the Vendor and the Purchaser that the following changes shall be made to the Agreement of Purchase and Sale executed by the Purchaser and accepted by the Vendor (the "Agreement") and, except for such changes noted below, all other terms and conditions of the Agreement shall remain the same and time shall continue to be of the essence:

Insert:

Notwithstanding paragraph 22 of this Agreement, the Purchaser shall be entitled to seek the Vendor's approval to assign the occupancy licence set out in Schedule C to the Agreement to a third party, on the following terms and conditions:

(a) the Purchaser pays to the Blaney McMurtry, in Trust the amount required to bring the deposits for the Residential Unit to an amount equal to twenty percent (20%) of the Purchase Price by the Occupancy Date;

(b) the Purchaser is not in default at any time under the Agreement.

(c) the Purchaser covenants and agrees to indemnify and hold harmless the Vendor, its successors and assigns (and their officers, shareholders and directors) from any and all costs, liabilities and/or expenses which it has or may incur as a result of the assignment of Occupancy Licence, any damage caused by the subliceensee to the Residential Unit or the balance of the Property by the subliceensee (including, but not limited to, any activities of the subliceensee which may lead to a delay in registration of the proposed condominium) inclusive of any and all costs and expenses(including legal costs on a substantial indemnity basis) that the Vendor may suffer or incur to terminate the Occupancy Licence and enforce the Vendor's rights under the Agreement;

(d) the Vendor shall have the right in its sole discretion to pre approve the subliceensee including, but not limited to, a review of the subliceensee's personal credit history and the terms of any arrangement made between the Purchaser and the subliceensee;

(e) the Purchaser shall deliver with the request for approval a certified cheque in the amount of One Thousand Five Hundred Dollars ($1,500.00) plus applicable taxes for the administrative costs of the Vendor in reviewing the application for consent, which sum shall be non refundable.

ALL other terms and conditions set out in the Agreement shall remain the same and time shall continue to be of the essence.

IN WITNESS WHEREOF the parties have executed the Agreement

DATED at Mississauga, Ontario this 28 day of 03 2017.

Witness: Purchaser: GULF TARGET PROPERTIES INC.

Witness: Purchaser: ABDULLATIF EL HUSSAMY

THE UNDERSIGNED hereby accepts this offer

DATED at _____ this _____ day of _____ 2017.

ABACON DEVELOPMENT (CITY CENTRE) CORP.

PER: _____
Authorized Signing Officer
I have the authority to bind the Corporation

OREA Ontario Real Estate Association

Agreement to Lease
Residential

Form 400
for use in the Province of Ontario

This Agreement to Lease dated this 3 day of May, 20 17

TENANT (Lessee), Ali Saadaldin
(Full legal names of all Tenants)

LANDLORD (Lessor), Gulf Target Properties
(Full legal name of Landlord)

ADDRESS OF LANDLORD .....
(Legal address for the purpose of receiving notices)

The Tenant hereby offers to lease from the Landlord the premises as described herein on the terms and subject to the conditions as set out in this Agreement.

1. **PREMISES:** Having inspected the premises and provided the present tenant vacates, I/we, the Tenant hereby offer to lease, premises known as:
510 Curran Pl Unit 3901 Mississauga L5B 0J8

2. **TERM OF LEASE:** The lease shall be for a term of One Year commencing May 16 2017

3. **RENT:** The Tenant will pay to the said Landlord monthly and every month during the said term of the lease the sum of
One Thousand Six Hundred Fifty Canadian Dollars (CDN$ 1,650.00),
payable in advance on the first day of each and every month during the currency of the said term. First and last months' rent to be paid in advance upon completion or date of occupancy, whichever comes first.

4. **DEPOSIT AND PREPAID RENT:** The Tenant delivers upon acceptance
(Herewith/Upon acceptance/as otherwise described in this Agreement)
by negotiable cheque payable to ROYAL LEPAGE REAL ESTATE SERVICES LTD., BROKERAGE "Deposit Holder"
in the amount of Three Thousand Three Hundred
Canadian Dollars (CDN$ 3,300.00) as a deposit to be held in trust as security for the faithful performance by the Tenant of all terms, covenants and conditions of the Agreement and to be applied by the Landlord against the First and Last month's rent. If the Agreement is not accepted, the deposit is to be returned to the Tenant without interest or deduction.

For the purposes of this Agreement, "Upon Acceptance" shall mean that the Tenant is required to deliver the deposit to the Deposit Holder within 24 hours of the acceptance of this Agreement. The parties to this Agreement hereby acknowledge that, unless otherwise provided for in this Agreement, the Deposit Holder shall place the deposit in trust in the Deposit Holder's non-interest bearing Real Estate Trust Account and no interest shall be earned, received or paid on the deposit.

5. **USE:** The Tenant and Landlord agree that unless otherwise agreed to herein, only the Tenant named above and any person named in a Rental Application completed prior to this Agreement will occupy the premises.
Premises to be used only for: Residential

6. **SERVICES AND COSTS:** The cost of the following services applicable to the premises shall be paid as follows:

	LANDLORD	TENANT		LANDLORD	TENANT
Gas	☒	☐	Cable TV	☐	☐
Oil	☐	☐	Condominium/Cooperative fees	☒	☐
Electricity	☐	☒	Garbage Removal	☐	☐
Hot water heater rental	☒	☐	Other: Property Tax	☒	☐
Water and Sewerage Charges	☒	☐	Other:	☐	☐

The Landlord will pay the property taxes, but if the Tenant is assessed as a Separate School Supporter, Tenant will pay to the Landlord a sum sufficient to cover the excess of the Separate School Tax over the Public School Tax, if any, for a full calendar year, said sum to be estimated on the tax rate for the current year, and to be payable in equal monthly installments in addition to the above mentioned rental, provided however, that the full amount shall become due and be payable on demand on the Tenant.

INITIALS OF TENANT(S): AS **INITIALS OF LANDLORD(S):** AK

7. **PARKING:**

One Parking
With Out Locker

8. **ADDITIONAL TERMS:**

9. **SCHEDULES:** The schedules attached hereto shall form an integral part of this Agreement to Lease and consist of: **Schedule(s) A** B

10. **IRREVOCABILITY:** This offer shall be irrevocable by Tenant (Landlord/Tenant) until 11:59 p.m. on the 5 day of May, 2017 after which time if not accepted, this Agreement shall be null and void and all monies paid thereon shall be returned to the Tenant without interest or deduction.

11. **NOTICES:** The Landlord hereby appoints the Listing Brokerage as agent for the Landlord for the purpose of giving and receiving notices pursuant to this Agreement. Where a Brokerage (Tenant's Brokerage) has entered into a representation agreement with the Tenant, the Tenant hereby appoints the Tenant's Brokerage as agent for the purpose of giving and receiving notices pursuant to this Agreement. **Where a Brokerage represents both the Landlord and the Tenant (multiple representation), the Brokerage shall not be appointed or authorized to be agent for either the Tenant or the Landlord for the purpose of giving and receiving notices.** Any notice relating hereto or provided for herein shall be in writing. In addition to any provision contained herein and in any Schedule hereto, this offer, any counter-offer, notice of acceptance thereof or any notice to be given or received pursuant to this Agreement or any Schedule hereto (any of them, "Document") shall be deemed given and received when delivered personally or hand delivered to the Address for Service provided in the Acknowledgement below, or where a facsimile number or email address is provided herein, when transmitted electronically to that facsimile number or email address, respectively, in which case, the signature(s) of the party (parties) shall be deemed to be original.

FAX No.: 905 828 7925 (For delivery of Documents to Landlord) FAX No.: 905 828 7925 (For delivery of Documents to Tenant)

Email Address: abir@royallepage.ca (For delivery of Documents to Landlord) Email Address: khalidmirza@royallepage.ca (For delivery of Documents to Tenant)

12. **EXECUTION OF LEASE:** Lease shall be drawn by the Landlord on the Landlord's standard form of lease, and shall include the provisions as contained herein and in any attached schedule, and shall be executed by both parties before possession of the premises is given.The Landlord shall provide the tenant with information relating to the rights and responsibilities of the Tenant and information on the role of the Landlord and Tenant Board and how to contact the Board. (Information For New Tenants as made available by the Landlord and Tenant Board and available at www.ltb.gov.on.ca)

13. **ACCESS:** The Landlord shall have the right, at reasonable times to enter and show the demised premises to prospective tenants, purchasers or others. The Landlord or anyone on the Landlord's behalf shall also have the right, at reasonable times, to enter and inspect the demised premises.

14. **INSURANCE:** The Tenant agrees to obtain and keep in full force and effect during the entire period of the tenancy and any renewal thereof, at the Tenant's sole cost and expense, fire and property damage and public liability insurance in an amount equal to that which a reasonably prudent Tenant would consider adequate. The Tenant agrees to provide the Landlord, upon demand at any time, proof that said insurance is in full force and effect and to notify the Landlord in writing in the event that such insurance is cancelled or otherwise terminated.

15. **RESIDENCY:** The Landlord shall forthwith notify the Tenant in writing in the event the Landlord is, at the time of entering into this Agreement, or, becomes during the term of the tenancy, a non-resident of Canada as defined under the Income Tax Act, RSC 1985, c.1 (ITA) as amended from time to time, and in such event the Landlord and Tenant agree to comply with the tax withholding provisions of the ITA.

16. **USE AND DISTRIBUTION OF PERSONAL INFORMATION:** The Tenant consents to the collection, use and disclosure of the Tenant's personal information by the Landlord and/or agent of the Landlord, from time to time, for the purpose of determining the creditworthiness of the Tenant for the leasing, selling or financing of the premises or the real property, or making such other use of the personal information as the Landlord and/or agent of the Landlord deems appropriate.

17. **CONFLICT OR DISCREPANCY:** If there is any conflict or discrepancy between any provision added to this Agreement (including any Schedule attached hereto) and any provision in the standard pre-set portion hereof, the added provision shall supersede the standard pre-set provision to the extent of such conflict or discrepancy. This Agreement, including any Schedule attached hereto, shall constitute the entire Agreement between Landlord and Tenant. There is no representation, warranty, collateral agreement or condition, which affects this Agreement other than as expressed herein. This Agreement shall be read with all changes of gender or number required by the context.

18. **FAMILY LAW ACT:** Landlord warrants that spousal consent is not necessary to this transaction under the provisions of the Family Law Act, R.S.O.1990 unless the spouse of the Landlord has executed the consent hereinafter provided.

19. **CONSUMER REPORTS: The Tenant is hereby notified that a consumer report containing credit and/or personal information may be referred to in connection with this transaction.**

INITIALS OF TENANT(S): AS **INITIALS OF LANDLORD(S):** AK

20. BINDING AGREEMENT: This Agreement and acceptance thereof shall constitute a binding agreement by the parties to enter into the Lease of the Premises and to abide by the terms and conditions herein contained.

SIGNED, SEALED AND DELIVERED in the presence of

(Witness) ..... (Tenant or Authorized Representative) (Seal) DATE May 3 2017

(Witness) ..... (Tenant or Authorized Representative) (Seal) DATE .....

(Witness) ..... (Guarantor) (Seal) DATE .....

IN WITNESS whereof I have hereunto set my hand and seal:

We/I the Landlord hereby accept the above offer, and agree that the commission together with applicable HST (and any other tax as may hereafter be applicable) may be deducted from the deposit and further agree to pay any remaining balance of commission forthwith.

SIGNED, SEALED AND DELIVERED in the presence of

(Witness) ..... (Landlord or Authorized Representative) (Seal) DATE May 4 2017

(Witness) ..... (Landlord or Authorized Representative) (Seal) DATE .....

IN WITNESS whereof I have hereunto set my hand and seal:

SPOUSAL CONSENT: The undersigned spouse of the landlord hereby consents to the disposition evidenced herein pursuant to the provisions of the Family Law Act, R.S.O. 1990, and hereby agrees to execute all necessary or incidental documents to give full force and effect to the sale evidenced herein.

(Witness) ..... (Spouse) (Seal) DATE .....

CONFIRMATION OF ACCEPTANCE: Notwithstanding anything contained herein to the contrary, I confirm this Agreement with all changes both typed and written was finally accepted by all parties at .... p.m. this 5 day of May, 20 17. [Signature of Landlord or Tenant] May 4 2017

INFORMATION ON BROKERAGE(S)

Listing Brokerage ROYAL LEPAGE REAL ESTATE SERVICES LTD Tel.No. (905) 828-1122

ABIR HLAL

(Salesperson / Broker Name)

Co-op/Tenant Brokerage ROYAL LEPAGE REAL ESTATE SERVICES LTD. Tel.No. (905) 828-1122

KHALID ABDULAHAD

(Salesperson / Broker Name)

ACKNOWLEDGEMENT

I acknowledge receipt of my signed copy of this accepted Agreement of Lease and I authorize the Brokerage to forward a copy to my lawyer

(Landlord) ..... DATE 5.4.17

(Landlord) ..... DATE .....

Address for Service .....

..... Tel.No.

Landlord's Lawyer .....

Address .....

Email .....

Tel.No. FAX No.

I acknowledge receipt of my signed copy of this accepted Agreement of Lease and I authorize the Brokerage to forward a copy to my lawyer

(Tenant) ..... DATE May 3 2017

(Tenant) ..... DATE .....

Address for Service .....

..... Tel.No. .....

Tenant's Lawyer .....

Address .....

Email .....

Tel.No. FAX No.

FOR OFFICE USE ONLY

COMMISSION TRUST AGREEMENT

To: Co-operating Brokerage shown on the foregoing Agreement to Lease:

In consideration for the Co-operating Brokerage procuring the foregoing Agreement to Lease, I hereby declare that all moneys received or receivable by me in connection with the Transaction as contemplated in the MLS Rules and Regulations of my Real Estate Board shall be receivable and held in trust. This agreement shall constitute a Commission Trust Agreement as defined in the MLS Rules and shall be subject to and governed by the MLS Rules pertaining to Commission Trust.

DATED as of the date and time of the acceptance of the foregoing Agreement to Lease.

Acknowledged by

(Authorized to bind the Listing Brokerage) (Authorized to bind the Co-operating Brokerage)

OREA Ontario Real Estate Association

Form 400
for use in the Province of Ontario

Schedule A
Agreement to Lease - Residential

This Schedule is attached to and forms part of the Agreement to Lease between:

TENANT (Lessee), Ali Saadaldin, and

LANDLORD (Lessor), Gulf Target Properties

for the lease of 510 Curran Pl Unit 3901 Mississauga

L5B 0J8 dated the 3 day of May, 2017

Landlord shall pay real estate taxes, [condominium fees and parking if applicable] and maintain fire insurance on the premises.

The Tenant shall: Not smoke inside the property, and also not commit any illegal activities, including growing of illegal substances such as marijuana also tenant agrees not to keep any Pets

The Tenant shall immediately inform the Landlord of the following:

1. Any water leakage from drain water pipes inside or outside the property, or any damage due to water leak or flooding.
2. Any malfunction of the alarms or carbon monoxide detector.

The Tenant shall:

1. Obtain and maintain a Contents and Third Party Liability Insurance during the term of Lease and any extension thereof, and provide a copy of the Policy to the Landlord before the Lease starts.
2. Submit to the landlord (10) Ten Post dated Cheques on or before the completion date. AH AS
3. The Tenant agrees to pay an Administrative charge of ~~$25.00~~ 50 (Twenty Five) for any cheque that is returned (NSF) also Tenants agrees to pay a charge of 1% interest per month on any late payment.

Landlord agree to profesionly clean The proprity before occupancy
Tenant agree, to profesionaly clean The property aThe end
of The leax Therm.
AH Tenant agree to pay $300 refundable Deposit Toward
AS cleaning and any other damage.

This form must be initialled by all parties to the Agreement to Lease.

INITIALS OF TENANT(S): AS **INITIALS OF LANDLORD(S):** AH

OREA Ontario Real Estate Association

Form 400
for use in the Province of Ontario

Schedule A
Agreement to Lease - Residential

This Schedule is attached to and forms part of the Agreement to Lease between:

TENANT (Lessee), Ali Saadaldin, and

LANDLORD (Lessor), Gulf Target Properties

for the lease of 510 Curran Pl Unit 3901 Mississauga

L5B 0J8 dated the 3 day of May, 2017

Tenant agrees that any chattels left on the rental premises, and not specifically mentioned herein, may remain and be stored on the premises at no cost to, and shall remain at the risk of, the Landlord.

Tenant agrees not to make any decorating changes to the premises without the express written consent of the Landlord or his authorized agent.

The Tenant shall be responsible for minor repairs of any kind (including appliances) which may cost up to $50.00 for instance, If the cost of the repair is more than $50.00, the Tenant shall pay $50.00 and the balance shall be paid by the Landlord.

Tenant, if not in default here under, shall have the option, by written notice, given to the Landlord at least 60 (Sixty) days before the end of the lease term, to renew the lease for the further year term on the terms and conditions of the original Lease.

The Tenant agrees that he will be the only persons and his family occupying the premises .

The Tenant shall keep the property in a good clean condition, and shall return the property in the same cleanliness as the beginning of the Lease Term, except normal wear and tear, and remove all debris and garbage from the property or any fixtures/chattels included, which may be caused by willful misconduct or negligence of the Tenant or any of their visitors.

The Tenant agrees to allow the Landlord or his agent to show the property at all reasonable hours to prospective Buyer or Tenants, after giving the Tenant at least twenty four (24) hours written notice of such showing, and to allow the Landlord to affix a For Sale or For Rent sign on the property.

Landlord shall pay real estate taxes, [condominium fees and parking if applicable] and maintain fire insurance on the premises. Tenant acknowledges the Landlord's fire insurance on the premises provides no coverage on Tenant's personal property.

Tenant agrees to pay the cost of the hydro utilities required on the premises during the term of the lease and any extensions thereof, Tenant further agrees to provide proof to the Landlord on or before the date of possession that the services have been transferred to the Tenant's name.

This form must be initialled by all parties to the Agreement to Lease.

INITIALS OF TENANT(S): AS **INITIALS OF LANDLORD(S):** AH

Helping you is what we do.™ ROYAL LEPAGE

www.royallepage.ca

Schedule B

This schedule must be included with all transactions in which Royal LePage Real Estate Services Ltd., Brokerage, will be the deposit holder.

This Schedule is attached to and forms part of the Agreement to Lease between:

TENANT (Lessee) Ali Saadaldin , and

LANDLORD (Lessor) Gulf Target Properties

for the lease of 510 Cerrard Pl Unit 3901

dated the 3 day of May , 20 17

Trust Deposit Interest Agreement and Direction

In accordance with Subsection 27 of the Real Estate and Business Brokers Act, 2002 (the "Act"), Royal LePage Real Estate Services Ltd., (the "Brokerage"), will be the deposit holder of the Tenant's deposit which is given to the Brokerage to be held in trust with respect to this Agreement to Lease. The deposit will be held by Royal LePage Real Estate Services Ltd. in its real estate trust bank account which earns a variable interest rate of the Brokerage's bank's Prime rate minus 2.00% per annum.

If the beneficial owner of the trust money would like to receive interest, and provided that the deposit to be held in trust is Five Thousand Dollars ($5,000.00) or greater and will be held for more than 30 days, Royal LePage Real Estate Services Ltd. will invest the funds with TD Canada Trust in the Tenant's name earning interest at a rate of Prime minus 3.25%. The Brokerage shall pay any interest it receives on the deposit to the beneficial owner of the trust money, provided that the total interest earned on the deposit amounts to Forty Dollars ($40.00) or more and the deposit is accompanied by the Tenant's Name(s) and Social Insurance Number(s). This agreement and direction must be included in the Agreement to Lease by attaching this form as a schedule. No interest will be paid in respect of deposits that do not qualify with the terms hereof.

All interest generated by trust deposits that qualify for interest payments in accordance with the prior paragraph will be payable to the beneficial owner of the trust money upon completion of this transaction (referred to above). If required, a T5 will be issued for the interest amount as soon as possible after the closing or following the end of each calendar year, whichever comes first. Any interest cheques issued and not negotiated within six (6) months from the date of issue shall be subject to an additional administration fee up to a maximum of $40.00 or the value of the interest cheque.

Tenant would like Interest: ☑ **No** ☐ **Yes** **If deposit qualifies and Yes, SIN # is required.**
(Unless Yes is specifically selected, no interest will be paid) (SIN # not required from corporations)

Your initials acknowledge receipt of this disclosure and confirms your agreement and direction as to whether or not you would like to receive the interest earned on the deposit. The parties to this Agreement to Lease hereby acknowledge and agree that the Brokerage shall be entitled to retain any interest earned or received on the deposit if the conditions precedent to payment of interest have not been satisfied. This agreement and direction for interest on the deposit will supersede any existing disclosures found within this Agreement to Lease.

AS

INITIALS OF TENANT(S)

AH

INITIALS OF LANDLORD(S)

Name(s) and Social Insurance Number(s) (to be submitted with deposit upon offer acceptance):

_____

OREA Ontario Real Estate Association

Confirmation of Co-operation and Representation

Form 320
for use in the Province of Ontario

BUYER: Ali Saadaldin

SELLER: Gulf Target Properties

For the transaction on the property known as: 510 Curran Pl Unit 3901 Mississauga L5B 0J8

DEFINITIONS AND INTERPRETATIONS: For the purposes of this Confirmation of Co-operation and Representation:
"Seller" includes a vendor, a landlord, or a prospective, seller, vendor or landlord and "Buyer" includes a purchaser, a tenant, or a prospective, buyer, purchaser or tenant, "sale" includes a lease, and "Agreement of Purchase and Sale" includes an Agreement to Lease. Commission shall be deemed to included other remuneration.

The following information is confirmed by the undersigned salesperson/broker representatives of the Brokerage(s). If a Co-operating Brokerage is involved in the transaction, the brokerages agree to co-operate, in consideration of, and on the terms and conditions as set out below.

DECLARATION OF INSURANCE: The undersigned salesperson/broker representative(s) of the Brokerage(s) hereby declare that he/she is insured as required by the Real Estate and Business Brokers Act, 2002 (REBBA 2002) and Regulations.

1. LISTING BROKERAGE

a) ☒ The Listing Brokerage represents the interests of the Seller in this transaction. It is further understood and agreed that:

1) ☒ The Listing Brokerage is not representing or providing Customer Service to the Buyer.
(If the Buyer is working with a Co-operating Brokerage, Section 3 is to be completed by Co-operating Brokerage)

2) ☐ The Listing Brokerage is providing Customer Service to the Buyer.

b) ☒ **MULTIPLE REPRESENTATION:** The Listing Brokerage has entered into a Buyer Representation Agreement with the Buyer and represents the interests of the Seller and the Buyer, with their consent, for this transaction. The Listing Brokerage must be impartial and equally protect the interests of the Seller and the Buyer in this transaction. The Listing Brokerage has a duty of full disclosure to both the Seller and the Buyer, including a requirement to disclose all factual information about the property known to the Listing Brokerage. However, the Listing Brokerage shall not disclose:

- That the Seller may or will accept less than the listed price, unless otherwise instructed in writing by the Seller;
- That the Buyer may or will pay more than the offered price, unless otherwise instructed in writing by the Buyer;
- The motivation of or personal information about the Seller or Buyer, unless otherwise instructed in writing by the party to which the information applies, or unless failure to disclose would constitute fraudulent, unlawful or unethical practice;
- The price the Buyer should offer or the price the Seller should accept;
- And; the Listing Brokerage shall not disclose to the Buyer the terms of any other offer.

However, it is understood that factual market information about comparable properties and information known to the Listing Brokerage concerning potential uses for the property will be disclosed to both Seller and Buyer to assist them to come to their own conclusions.

Additional comments and/or disclosures by Listing Brokerage: (e.g. The Listing Brokerage represents more than one Buyer offering on this property.)

2. PROPERTY SOLD BY BUYER BROKERAGE – PROPERTY NOT LISTED

☐ The Brokerage (does/does not) represent the Buyer and the property is not listed with any real estate brokerage. The Brokerage will be paid

☐ by the Seller in accordance with a Seller Customer Service Agreement

or: ☐ by the Buyer directly

Additional comments and/or disclosures by Buyer Brokerage: (e.g. The Buyer Brokerage represents more than one Buyer offering on this property.)

INITIALS OF BUYER(S)/SELLER(S)/BROKERAGE REPRESENTATIVE(S) (Where applicable)

AS — **BUYER**

EA — **CO-OPERATING/BUYER BROKERAGE**

AH — **SELLER**

AH — **LISTING BROKERAGE**

3. **Co-operating Brokerage completes Section 3 and Listing Brokerage completes Section 1.**

CO-OPERATING BROKERAGE- REPRESENTATION:

a) ☐ The Co-operating Brokerage represents the interest of the Buyer in this transaction.

b) ☐ The Co-operating Brokerage is providing Customer Service to the Buyer in this transaction.

c) ☐ The Co-operating Brokerage is not representing the Buyer and has not entered into an agreement to provide customer service(s) to the Buyer

CO-OPERATING BROKERAGE- COMMISSION:

a) ☒ The Listing Brokerage will pay the Co-operating Brokerage the commission as indicated in the MLS® information for the property

Half Months Rent Plus HST ... to be paid from the amount paid by the Seller to the Listing Brokerage.

(Commission As Indicated In MLS® Information)

b) ☐ The Co-operating Brokerage will be paid as follows:

Additional comments and/or disclosures by Co-operating Brokerage (e.g., The Co-operating Brokerage represents more than one Buyer offering on this property.)

Commission will be payable as described above, plus applicable taxes.

COMMISSION TRUST AGREEMENT: If the above Co-operating Brokerage is receiving payment of commission from the Listing Brokerage, then the agreement between Listing Brokerage and Co-operating Brokerage further includes a Commission Trust Agreement, the consideration for which is the Co-operating Brokerage procuring an offer for a trade of the property, acceptable to the Seller. This Commission Trust Agreement shall be subject to and governed by the MLS® rules and regulations pertaining to commission trusts of the Listing Brokerage's local real estate board, if the local board's MLS® rules and regulations so provide. Otherwise, the provisions of the OREA recommended MLS® rules and regulations shall apply to this Commission Trust Agreement. For the purpose of this Commission Trust Agreement, the Commission Trust Amount shall be the amount noted in Section 3 above. The Listing Brokerage hereby declares that all monies received in connection with the trade shall constitute a Commission Trust and shall be held, in trust, for the Co-operating Brokerage under the terms of the applicable MLS® rules and regulations.

SIGNED BY THE BROKER/SALESPERSON REPRESENTATIVE(S) OF THE BROKERAGE(S) (Where applicable)

ROYAL LEPAGE REAL ESTATE SERVICES LTD.	ROYAL LEPAGE REAL ESTATE SERVICES LTD
(Name of Co-operating/Buyer Brokerage)	(Name of Listing Brokerage)
5055 PLANTATION PLACE MISSISSAUGA	5055 PLANTATION PLACE MISSISSAUGA
Tel: (905) 828-1122 Fax: (905) 828-7925	Tel: (905) 828-1122 Fax: (905) 828-7925
(Authorized to bind the Co-operating/Buyer Brokerage) May 03 2017	(Authorized to bind the Listing Brokerage) Date: May 4 2017
KHALID ABDULAHAD	ABIR HLAL
(Print Name of Broker/Salesperson Representative of the Brokerage)	(Print Name of Broker/Salesperson Representative of the Brokerage)

CONSENT FOR MULTIPLE REPRESENTATION (To be completed only if the Brokerage represents more than one client for the transaction)

The Buyer/Seller consent with their initials to their Brokerage representing more than one client for this transaction.

AS — BUYER'S INITIALS

AH — SELLER'S INITIALS

ACKNOWLEDGEMENT

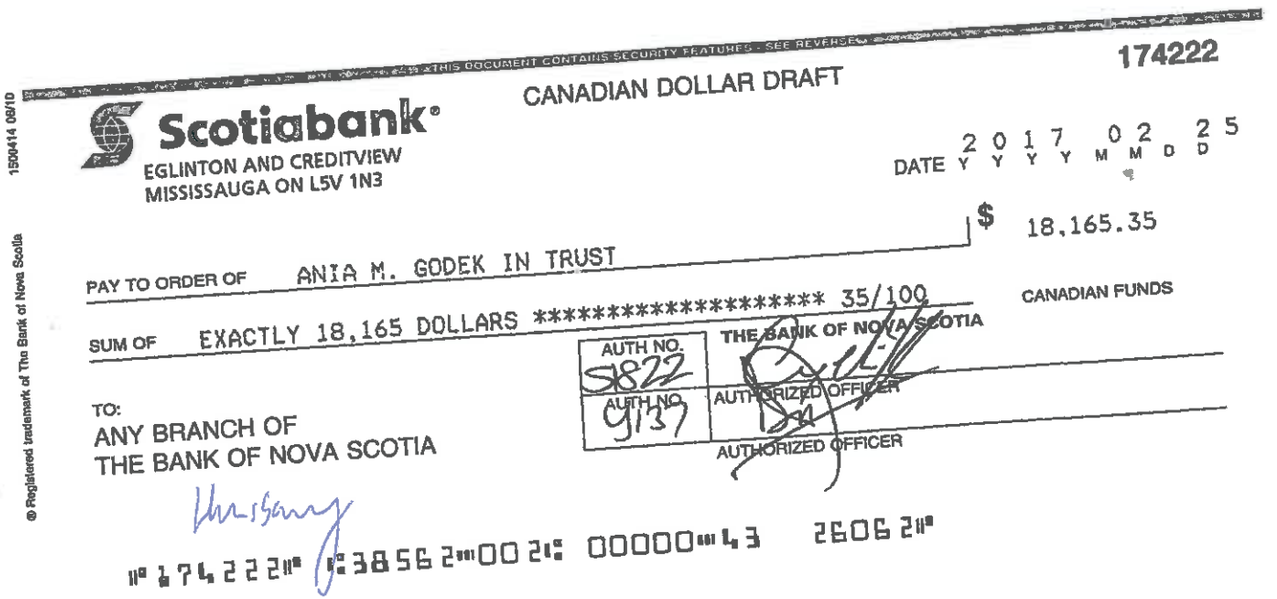
I have received, read, and understand the above information.

(Signature of Buyer) Date: MAY 3 2017

(Signature of Buyer) Date:

(Signature of Seller) Date:

(Signature of Seller) Date:



THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE REVERSE

174222

CANADIAN DOLLAR DRAFT

Scotiabank®
EGLINTON AND CREDITVIEW
MISSISSAUGA ON L5V 1N3

DATE 2017 02 25
Y Y Y Y M M D D

$ 18,165.35

PAY TO ORDER OF ANIA M. GODEK IN TRUST

SUM OF EXACTLY 18,165 DOLLARS ********** 35/100 CANADIAN FUNDS

THE BANK OF NOVA SCOTIA

AUTH NO. 5822 AUTHORIZED OFFICER

AUTH NO. 9137 AUTHORIZED OFFICER

TO:
ANY BRANCH OF
THE BANK OF NOVA SCOTIA

⑈174222⑈ ⑆38562⑈002⑆ 00000⑈43 2606 2⑈

1500414 09/10

® Registered trademark of The Bank of Nova Scotia

ENDORSEMENTS AND LIMITATIONS
This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

SEE OBSERVATIONS BEGINNING ON PAGE 5 (IF APPLICABLE)

MENTIONS ET RESTRICTIONS
Ce passeport est valable pour tous les pays, sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.

VOIR LES OBSERVATIONS DÉBUTANT À LA PAGE 5 (LE CAS ÉCHÉANT)

Signature of bearer - Signature du titulaire

EGC 4198

HM409882

PASSPORT
PASSEPORT

Type/Type: P
Issuing Country/Pays émetteur: CAN
Passport No./N° de passeport: HM409882

Surname/Nom: SAADALDIN
Given names/Prénoms: ALI
Nationality/Nationalité: CANADIAN/CANADIENNE
Date of birth/Date de naissance: 14 MAR /MARS 87
Sex/Sexe: M
Place of birth/Lieu de naissance: RIYADH SAU
Date of issue/Date de délivrance: 15 JUNE/JUIN 16
Date of expiry/Date d'expiration: 15 JUNE/JUIN 21
Issuing Authority/Autorité de délivrance: GATINEAU

EGC 4198

P<CANSAADALDIN<<ALI<<<<<<<<<<<<<<<<<<<<<<<<<<<<
HM409882<6CAN8703145M2106157<<<<<<<<<<<<<<06

Citizenship and Immigration Canada | Citoyenneté et Immigration Canada

PROTECTED - B

CONFIRMATION OF PERMANENT RESIDENCE

Family name: KASTERO
Given name(s): RAZAN KHALED FATHI
Date of birth: 1994/11/11
Sex: FEMALE
Citizenship: STATELESS

UCI: 95363270
App. no.: F000422766
Document no.: T601761667

PERSONAL DETAILS - PA

Marital status:	MARRIED	**Place of birth:**	JEDDAH	**COB:**	SAUDI ARABIA
Height (cm):	154 CM	**Eye color:**	BROWN	**COR:**	SAUDI ARABIA
Last entry at:		**Last entry date:**		**Orig. entry date:**	
Became P.R. at:		**Became P.R. on:**		**Undertaking (mos):**	36

Travel doc. no.: P00018064 **Expiry date:** 2017/10/17
Country of issue: EGYPT

APPLICATION DETAILS

Issued at:	ABU DHABI	**Issued date:**	2017/02/22	**Valid to:**	2017/10/17
Category:	FC1	**Prov. of dest.:**	ON	**City of dest.:**	MISSISSAUGA
Special program:	OSI	**Trans. loan no.:**		**Flight no.:**	
CSQ no.:		**ESDC no.:**		**PNC:**	

Conditions:

51: MUST COHABIT IN A CONJUGAL RELATIONSHIP WITH YOUR SPONSOR FOR CONTINUOUS PERIOD OF 2 YEARS AFTER THE DAY ON WHICH BECAME PR

Charged/convicted of a crime or offence in any country, refused admission to Canada or required to leave Canada?

NOT VALID FOR TRAVEL

MEDICAL DETAILS

IME no.: 13310966 **Surveillance code:** 1 **Valid to:** 2017/11/03

SPONSOR INFORMATION

UCI: 32817221 **Name:** SAADALDIN, ALI
DOB: 1987/03/14 **Relationship:** SPOUSE
Address: 20 NORTHWOOD ROAD C/O RONALD YACOUB, BRAMPTON ON, L6X 2L2

DEPENDANT(S) INFORMATION

Have you any dependants other than those listed below?

REMARKS

Immigration Officer: _____ Date (YYYY/MM/DD) _____

I hereby certify that the above statements are true and correct and that I fully understand the conditions imposed.

_____ Date (YYYY/MM/DD) _____
KASTERO
RAZAN KHALED FATHI

IMM 5688 (05-2015) E

CIC COPY

Canada

The Toronto-Dominion Bank

81228093

2955 EGLINTON AVENUE WEST
MISSISSAUGA, ON L5M 6J3

DATE 2017-05-05
YYYYMMDD

Transit-Serial No. 1305-81228093

Pay to the Order of Royal LePage Real Estate Services Ltd., Brokerage

$ ******3,300.00

THREE THOUSAND THREE HUNDRED*******00/100 Canadian Dollars

Authorized signature required for amounts over CAD $5,000.00

Re

The Toronto-Dominion Bank
Toronto, Ontario
Canada M5K 1A2

Authorized Officer

Countersigned

Number

OUTSIDE CANADA: NEGOTIABLE BY CORRESPONDENTS AT THEIR BUYING RATE FOR DEMAND DRAFTS ON CANADA

510 Curran Pl, Mississauga Unit 3901 Abir Hial

⑈81228093⑈ ⑆09612⑈004⑆ ⑈3808⑈ Exclusive listing

ROYAL LEPAGE

Helping you is what we do:
Votre complice immobilier:

$3,300

May 5 2017

Received from / Reçu de Ali Saad Aldin - 510 Curran Pl #3901

Three Thousand Three Hundred Dollars. Dollars

Abir Hial - Exclusive Listing

03648

Cindy Tomaz - Plantation.

Medical Legends

October 19th, 2016

Dear Sir/Madam,

This letter is to confirm that Ali Saadaldin, M.D. is enrolled into the Step 1 Live Preparation Course at Medical Legends from October 3rd, 2016 to November 4th, 2016 located at the following address:

Medical Legends
209 W. Jackson Blvd, suite 623
Chicago, IL 60606

If you have any questions please feel free to contact us.

Thank you,

Sincerely,

Roy Lingam

Roy Lingam, M.D
President & Founder
Medical Legends Inc
209 W Jackson Blvd, Suite 623,
Chicago, IL 60606
Main: 312.883.8555
info@medicallegends.com
www.medicallegends.com

ECFMG® | EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES

3624 Market Street
Philadelphia PA 19104-2685 USA
215-386-5900 | 215-386-9767 Fax
www.ecfmg.org

March 28, 2016

Dr. Ali Saadaldin
333 E ONTARIO St #3013
Chicago, IL 60611

USMLE®/ECFMG® Identification Number: 0-934-434-2
Gender: Male
Date of Birth: March 14, 1987

To Whom It May Concern:

This letter confirms that the individual referenced above is registered for the USMLE Step 2 Clinical Skills (Step 2 CS). Ali Saadaldin must arrive for examination at a Clinical Skills Evaluation Center in the United States prior to March 2, 2017. Step 2 CS is given only in the United States.

Step 2 CS is the exam that satisfies the clinical skills requirement for ECFMG Certification. The Step 2 CS is one of several exams that must be passed to obtain ECFMG Certification. ECFMG Certification is a prerequisite for entry into graduate medical education training programs in the United States for graduates of medical schools located outside the United States and Canada.

Any consideration you can provide Ali Saadaldin in obtaining the necessary documents to allow travel to the United States prior to March 2, 2017 will be greatly appreciated. If you have any questions regarding this process, please feel free to contact ECFMG at the address provided above.

Sincerely,

Caroline Alesiani
Manager, Registration & Certification Services

EQUIFAX
1 877 227-8800

Consumer Report
04/29/2017

File Requested by: JBOYLE

Identification

Name:	SAADALDIN, ALI
Current Address:	3562, STONECUTTER, MISSISSAUGA, ON, L5M 7N6
Date of Birth, SIN:	1987/03/14, 538-408-865
Reference:	JBOYLE

Employment

Employer, Occupation: , MEDICAL PHYSICIAN

Subject: File Requested, Score, Identification, Summary, Trades.

Product Score (Subject)

Ers 1.0 **831**

Number of revolving trades with high utilization in last 3 months.
Total balance for open national card trades.
Total balance for open trades.
Medium risk region thin credit file.

Identification (Subject)

Unique Number:	4000666513	**File Number:**	00-0008159-00-005
Date File Opened:	2013/10/29	**Date of Last Activity:**	2013/11/19
DOB/Age:	1987/03/14	**SIN:**	538-408-865

Name:	SAADALDIN, ALI
Current Address:	3562, STONECUTTER CRES, MISSISSAUGA, ON, L5M 7N6
Since, R/O/B:	2014/04
Reported:	Tape Reported
Former Address:	80, ACORN PL, MISSISSAUGA, ON, L4Z 4C8
Since, R/O/B:	2013/11
Reported:	Tape Reported
2nd Former Address:	19080, ACORN PALACE, MISSISSAUGA, ON, L4Z 4C8
Since, R/O/B:	2013/10
Reported:	Tape Reported

Summary (Subject)

Pub/Other	Trade Oldest-Newest	Total	High Credit	Rating for R/O/I/M/C
0	2013/10 - 2017/04	2	1000	2-One

Trade Information (Subject)

Member Trades:

Bus/ID Code	Rptd	Opnd	HC	Terms	Bal	PDA	Rt	30/60/90	MR	DLA
TD CREDIT CARDS (800) 983-8472										
* I	2017/04	2013/10	1000	10	609	0	R1	0/0/0	43	2016/12
Description:	Monthly Payments Amount in H/C Column is credit limit									
FIDO (888) 288-2106										
* I	2015/10	2013/11			0	0	O1	0/0/0	24	2015/09
Description:	Closed at consumer's request Account Paid									
Credit Utilization: 61%			1000		609					

End Of Report

From: donotreply@prometric.com
Subject: Appointment Confirmation
Date: April 3, 2017 at 1:27 PM
To: alisaadaldin.md@gmail.com

To: Ali Saadaldin
3562 stonecutter crest
mississauga ONTARIO L5M 7N6
CANADA

Date: 03 Apr 2017

North America

Subject: Confirmation of computer-based Step 1 - United States Medical Licensing Examination,#0000000084299980

Your appointment for the computer-based **Step 1 - United States Medical Licensing Examination** is confirmed. Please find the confirmation details that follow:

Confirmation:	**0000000084299980**
Program:	**STEP1**
Exam Code:	**STEP1**
	Step 1 - United States Medical Licensing Examination
Exam Date:	**10 May 2017**
Exam Time:	**08:00**

Prometric Test Center: # **6015**
Toronto - ON (Mississauga)
1290 Central Parkway West, Suite 104
Mississauga ONTARIO L5C4R3
CANADA

GLOBAL TEST CENTER SECURITY PROCEDURES

Prometric takes our role of providing a secure test environment seriously. During the check-in process, we inspect any and all eyeglasses, jewelry and other accessories to look for camera devices that could be used to capture exam content.

- You will be required to remove your eyeglasses for close visual inspection. These inspections will take a few seconds and will be done at check-in and again upon return from breaks before you enter the testing room to ensure you do not violate any security protocol.
- Jewelry outside of wedding and engagement rings is prohibited. Please do not wear other jewelry to the test center. Hair accessories, ties and bowties are subject to inspection. Please refrain from using ornate clips, combs, barrettes, headbands, tie clips, cuff links and other accessories as you may be prohibited from wearing them in to the testing room and asked to store them in your locker. Violation of security protocol may result in the confiscation of prohibited devices and termination of your exam.

IDENTIFICATION POLICY

You must bring your Scheduling Permit and proper identification with you to be admitted to the exam. Review your Scheduling Permit for complete details. *This email is NOT your Scheduling Permit.

You may access your Scheduling Permit from your account on your registration entity's (NBME, ECFMG, or FSMB) website. We strongly encourage you to print your Scheduling Permit at least several days in advance of your scheduled test date to avoid any problems accessing or printing your permit on test day.
You may print your Scheduling Permit or present it electronically (e.g., via Smartphone). If, on the day of your exam, you are unable to access the permit electronically for any reason, you must present a paper copy.

RESCHEDULE / CANCEL POLICY

If you need to change (e.g., reschedule, cancel, change test center location) your appointment, you must go to www.prometric.com/USMLE or call the Prometric Regional Registration Center (RRC) noted on your Scheduling Permit. If you reschedule, your rescheduled test date(s) must fall within your assigned eligibility period. If you are unable to take the test within your eligibility period, contact your registration entity to inquire about a one-time eligibility period extension. A fee is charged for this service, and some restrictions may apply.

The date that you change your appointment, using local time of the RRC, will determine whether you pay an appointment change fee and the amount of this fee:

- If you change your appointment 31 or more days before (but not including) the first day of your scheduled test date, there is no fee.
- If you change your appointment fewer than 31 days but more than 5 days before (but not including) the first day of your scheduled test date, the fee is $50 US Dollars (USD).
- If you change your appointment 5 or fewer days before (but not including) the first day of your scheduled test date, the fee is

$114.00 USD for domestic U.S.A. and Canada, $276.00 USD for International Zone 1, $314.00 for International Zone 2, or $506.00 USD for International Zone 3.

SPECIAL NOTE ABOUT CANCELLED OR MISSED APPOINTMENTS: If you cancel your appointment within 30 days or do not appear on your scheduled test date, you must call the RRC as directed on your Scheduling Permit and pay the appropriate fee to reinstate your eligibility record before you can schedule a new appointment. You will not be able to perform any transactions via the web.

If you do not take the test within your original or extended eligibility period and wish to take it in the future, you must reapply by submitting a new application and fee.

If you fail or do not complete your exam and want to r etake it, you must reapply by submitting a new application and fee. Retest policies are available in the USMLE Bulletin of Information at www.usmle.org.

DRIVING DIRECTIONS

The test center is located at Redbourne Property at the intersections of Burnhamthorpe road and Central Parkway West. Coming from Mavis Road, head west on Burnhamthorpe road and turn left on Central Parkway West and take the 1st right heading towards the back building (1290).
Paid parking is available on site on visitor parking spots only.

ADDITIONAL INFORMATION

- TEST DAY ARRIVAL: Report to the test center 30 minutes before your scheduled appointment for check-in procedures. If you arrive later than your scheduled appointment, you may not be admitted. If you arrive more than 30 minutes after your scheduled appointment, you will not be admitted to the testing center.

- BIOMETRIC CHECK-IN: The USMLE exams include biometrics as part of the testing experience. In many locations, examinees will provide their fingerprint during check-in, breaks, and check-out for identification purposes. To learn more about biometrics, please visit the USMLE website at http://www.usmle.org/frequently-asked-questions/#becs.

- EARPLUGS: Though the test center provides noise reducing headphones, you are encouraged to bring your own soft-foam earplugs (subject to inspection).

- TEST CENTER REGULATIONS: For a full listing of Prometric Testing Center Regulations and other FAQ's, please visit the Prometric website at http://www.prometric.com/TestTakers/FAQs/default.htm.

- TEST CENTER AVAILABILITY: In the event that the test center becomes unavailable on your scheduled test date, we will attempt to notify you in advance and schedule you for a different time and/or center. However, on occasion, we may need to reschedule your appointment at the last minute. We encourage you to check your voicemail and email prior to leaving for your appointment on test day, particularly during inclement weather. You may also call the test center to check for weather-related closings.

BIOMETRIC CONSENT

You have agreed to the Biometric Consent for this appointment. For additional information, please refer to the following webpage.

http://www.prometric.com/biometricconsent

Sincerely,

North America
Prometric
www.prometric.com

UNITED STATES MEDICAL LICENSING EXAMINATION® (USMLE®)
STEP 1, STEP 2 CLINICAL KNOWLEDGE (CK), AND/OR STEP 2 CLINICAL SKILLS (CS)

EXAM APPLICATION CONFIRMATION

IMPORTANT NOTE: The on-line part of your exam application was submitted to ECFMG electronically. This Exam Application Confirmation is provided for your records only. Do not send the Exam Application Confirmation to ECFMG.

Use your browser's print button to print/save this page for your records.

USMLE ID: 0-934-434-2	**Application ID Code:** 7-234-119-886

Certifies has read, understood, and agrees to ECFMG's notice on the provision of performance data to medical schools : Yes

Item 1. Medical License in the United States

No, I have not been granted a license by a medical licensing authority in the United States based on previous licensure exams.

Item 2. Selected Exam(s)

USMLE® Step 1

Item 3. Eligibility Period

Step 1 : 01 Dec 2016 to 28 Feb 2017

Item 4. Testing Region and International Test Delivery Surcharge, if Applicable

Step 1 : United States and Canada

Item 5. Examinees with Documented Disabilities

I have a documented disability as defined by the Americans with Disabilities Act or a documented medical condition and will be requesting test accommodations for:

Step 1 : No

Item 6. Name of Applicant

Last Name : Saadaldin
Rest of Name : Ali

Item 7. Contact Information

Address Line 1 : 333 E ONTARIO St #3013
Address Line 2 :
Address Line 3 :
City : Chicago
State/Province : IL
Zip/Postal Code : 60611
Country : USA
Telephone Number : 312-889-2095
Fax Number :
E-mail : alisaadaldin.md@gmail.com

Item 8. U.S. Social Security Number and/or National Identification Number

U.S. SSN :
National I.D. # : BA761051
National I.D. Country : CANADA

Item 9. Date and Place of Birth

Date of Birth : 14 Mar 1987
Birth City : Riyadh
State/Province :
Country : SAUDI ARABIA

Items 10 - 14 Other Biographic Info

Gender : Male
Native Language : ARABIC
Other Languages Spoken :
Citizenship at Birth : SYRIA
Citizenship upon entering Medical School : CANADA
Current Citizenship : CANADA
U.S. Permanent Resident : No
U.S. Permanent Resident Year :
Passport Issuing Country : CANADA
Passport Number : HM409882
Passport Expiration Date : 15 Jun 2021
Ethnicity : White

Item 15. Present Employment and Postgraduate Medical Training

Not Currently Employed

Item 16. The ECFMG Reporter

Subscribe to The ECFMG Reporter : No

Item 17. Medical Education Status

GRADUATE

Item 18. Medical School Information

Medical School Name :October 6 University Faculty of Medicine
Address Line 1 :Central Axis, Part 1/1
Address Line 2 :Behind Sixth of October City Authority, Giza Governorate
Address Line 3 :6th of October City
City :6th of October City
State/Province :
Zip/Postal Code :
Country :EGYPT
University Name :
Medical School Student Id :20050087

Dates of Attendance

Attended From :9/2004
Attended To :12/2010
Number of Years Attended :6.0
Graduation Date :12/2010
Diploma Date :03/2011
Title of Medical Degree :MB ChB

Item 19. Other Medical School(s) Attended

Total number of other medical schools attended : 0
Total number of courses transferred : 0

Item 20. Other Institution(s) Attended

Total number of other institutions attended : 0
Total number of courses transferred : 0

Item 21. Clinical Clerkships

Total number of clinical clerkships: 0

Item 22. Medical Diploma

I have graduated from medical school and have previously submitted to ECFMG photocopies of my medical diploma.

Name on Diploma: Ali Asem Ali Saadaldin

Item 23. Certification By Applicant

By checking the box below, I certify that I currently meet the examination eligibility requirements and that the information in this application is true and accurate to the best of my knowledge.

I also certify and acknowledge that I have read the applicable editions (those which pertain to the eligibility period in which I take the exam) of the ECFMG *Information Booklet*, including ECFMG Policies and Procedures Regarding Irregular Behavior, the application materials, and the USMLE *Bulletin of Information*, including Score Validity and Irregular Behavior, am aware of the contents of these publications, meet the eligibility requirements set therein, and agree to abide by the policies and procedures therein.

I understand that (1) falsification of information on this application, or (2) the submission of any falsified or altered document to ECFMG, whether submitted by me or by a third party, such as a medical school, on my behalf, or (3) the submission of any falsified or altered ECFMG document to other entities or individuals, or (4) taking an exam when not eligible to do so, or (5) failing to comply with a USMLE or ECFMG policy, procedure, and/or rule, or (6) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination and/or ECFMG Certification, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action. I understand that such actions or attempted actions are considered irregular behavior, regardless of when the irregular behavior occurs and regardless of whether I am certified by ECFMG. (See the applicable edition of the ECFMG *Information Booklet* for additional details concerning ECFMG Policies and Procedures Regarding Irregular Behavior and Validity of Scores.)

I understand that the Standard ECFMG Certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if the certificate is revoked or if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my application or any other document submitted to ECFMG including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my application or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, and determinations of irregular behavior to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information. For further information regarding ECFMG's data collection and privacy practices, please refer to our privacy policy available on the ECFMG website at www.ecfmg.org/annc/privacy.html.

Certifies has met requirements and has read, understood, and agrees to materials : Yes

Summary of Fees

Step 1		
Examination Fee	$880.00	
International Test Delivery Surcharge (United States and Canada)	$0.00	
Total Step 1 Fees		$880.00

startMYplan.ca
plan protect grow

Viña Alzona <valzona@startmyplan.ca>

Client name : Elhussamy, Abdullatif - Potential deal

Amit Anand <amit.anand@tribecca.ca>
To: Viña Alzona <valzona@startmyplan.ca>
Cc: Adrian Pryce <apryce@startmyplan.ca>

Fri, Mar 10, 2017 at 1:23 PM

Hi Vina and Adrian,

We are pleased to offer an approval for your client on a 1st mortgage as indicated below for their purchase:

$267,120.00

7.99% Interest Rate

$7,950.00 Our Lender Fee

1 Year Term

80% LTV

We will require a current appraisal from our approved list confirming a value of not less than $333,900.00 I have attached our approved list for your reference.

We will require recent NOA from the client if proceeding with our offer confirming no income tax arrears owing to Revenue Canada (Stated Income Qualification)

Please run the numbers by the client and if he is Ok with it, then go ahead and order the appraisal from our approved list. Thereafter, we can issue a formal commitment for you to review with the client.

Thanks for the deal and enjoy the rest of your day and weekend!

Amit Anand

Senior Mortgage Manager

Tribecca | FINANCE CORPORATION

Tel: 416.225.6900 ext. 223 | Fax: 416.225.6905 | Cell: 647.272.4841 | amit.anand@tribecca.ca

www.tribecca.ca | 261 Sheppard Avenue West, Toronto, ON, M2N 1N4 | Licence # 12225