PARKSIDE VILLAGE MISSISSAUGA

Date: _____
Tower: B9 North
Suite: 1001
Caller: _____

PURCHASER'S INFORMATION

Purchaser's Name(s): Rehab Mostafa and Amr Rabee

Address: 5471 tenth line W, Mississauga L5M 0V1

Home Number: _____
Cell Number: _____

E-mail(s): _____

Please check one:

OLD ADDRESS ☐ (same as file)

NEW ADDDRESS ☑

PURCHASER'S SOLICITOR INFORMATION (if available)

Name: _____

Firm: _____

Tel: _____ **Fax:** _____

Address: _____

E-mail: _____

NOTES: _____