PARKSIDE VILLAGE MISSISSAUGA

Date: _____
Tower: SOUTH
Suite: 330
Caller: _____

PURCHASER'S INFORMATION

Purchaser's Name(s): SIVARANE BOOSHAWON AND PREMCHAND BOOSHAWON

Address: 5935, AVENUE BROSSARD (QUEBEC) J4W 1K1

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: _____