

DATE
08/06/2021

TIME
03:02 pm

INITIAL SALES REPRESENTATIVE NAME:

BROKER DETAILS

PRIMARY AGENT FIRST NAME:
Ara

PRIMARY AGENT LAST NAME:
Margos

PRIMARY AGENT EMAIL:
ara.margos@gmail.com

PRIMARY AGENT PHONE:
4165699194

PRIMARY AGENT BROKERAGE:
REMAX REALTY SPECIALISTS INC.

SUITE PREFERENCE

FLOOR PREFERENCE
Low

MODEL NAME
Capital

FLOOR PREFERENCE
Low

2ND MODEL NAME
Elm

PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:
LOKA

PURCHASER FIRST/GIVEN NAME: (MR. MRS. MS.)
MRS. TALIA

ADDRESS:
40 SUMMITGREEN CRES

CITY:
BRAMPTON

COUNTRY
CANADA

POSTAL CODE:
L6R 0T6

RESIDENCE PHONE:
6479830069

CELL PHONE:
(647) 983-0069

EMAIL:
talialoka@yahoo.com

EMPLOYER
HUDSON'S BAY

OCCUPATION
CONSULTANT

DATE OF BIRTH:
01/05/1961

FRONT OF DRIVER'S LICENSE
• Talia-F.jpeg

BACK OF DRIVER'S LICENSE
• TALIA-B.jpeg

SECOND PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:
HENEIN

PURCHASER FIRST/GIVEN NAME: (MR. MRS. MS.)
MR. EMAD

ADDRESS:
40 SUMMITGREEN CRES

CITY:
BRAMPTON

COUNTRY
CANADA

POSTAL CODE:
L6R 0T6

RESIDENCE PHONE:
6479856364

CELL PHONE:
(647) 985-6364

EMAIL:
emadhenein@yahoo.ca

EMPLOYER
1ST STAR CONSTRUCTION

OCCUPATION

Owner

DATE OF BIRTH:
07/14/1960

FRONT OF DRIVER’S LICENSE
• [EMAD-F.jpeg](#)

BACK OF DRIVER’S LICENSE
• [EMAD-B.jpeg](#)

UNTITLED
First Choice

UNTITLED
Second Choice

UNTITLED
First Choice

UNTITLED
Second Choice

UNTITLED
Third Choice