

DATE  
23/06/2021

TIME  
02:43 pm

IN2ITION SALES REPRESENTATIVE NAME:

**BROKER DETAILS**

PRIMARY AGENT FIRST NAME:  
Benny

PRIMARY AGENT LAST NAME:  
Fung

PRIMARY AGENT EMAIL:  
fungbenny20@hotmail.com

PRIMARY AGENT PHONE:  
6479886646

PRIMARY AGENT BROKERAGE:  
HomeLife New World Realty Inc., Brokerage

**SUITE PREFERENCE**

FLOOR PREFERENCE  
High

MODEL NAME  
Capital

FLOOR PREFERENCE  
Low

**PURCHASER INFORMATION**

PURCHASER SURNAME/LAST NAME:  
LIU

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

ADDRESS:  
71 HYDE PARK DR

CITY:  
RICHMOND HILL

COUNTRY  
Canada

POSTAL CODE:  
L4B1X2

CELL PHONE:  
(647) 868-7818

EMAIL:  
jasonchen029@gmail.com

EMPLOYER  
Sunny Health Medical

OCCUPATION  
Medical Clinic Owner

DATE OF BIRTH:  
05/09/1965

FRONT OF DRIVER'S LICENSE  
• Mum-Passport.jpg

BACK OF DRIVER'S LICENSE  
• Mum-Passport1.jpg

**SECOND PURCHASER INFORMATION**

UNTITLED  
First Choice

UNTITLED  
First Choice

UNTITLED  
First Choice

UNTITLED  
First Choice

UNTITLED  
First Choice