

DATE
03/07/2021

TIME
03:39 pm

IN2ITION SALES REPRESENTATIVE NAME:

BROKER DETAILS

PRIMARY AGENT FIRST NAME:
jack

PRIMARY AGENT LAST NAME:
Qin

PRIMARY AGENT EMAIL:
jack@procondo.ca

PRIMARY AGENT PHONE:
6478479666

PRIMARY AGENT BROKERAGE:

ProCondo Realty Inc., Brokerage (Notes: The Client specifically wants Unit 4103, Thank you very much!!!)

SUITE PREFERENCE

FLOOR PREFERENCE
High

MODEL NAME
District

FLOOR PREFERENCE
High

2ND MODEL NAME
District

PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:
HUO ✓

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

ADDRESS:
1510 SIXTH LINE ✓

SUITE #:
UN35

CITY:
OAKVILLE ✓

COUNTRY
CANADA

POSTAL CODE:
L6H 2P2 ✓

CELL PHONE:
(905) 220-8887

EMAIL:
xiaochu9000@hotmail.com ✓

EMPLOYER
BMO

OCCUPATION
Banker

DATE OF BIRTH:
11/17/1991 ✓

FRONT OF DRIVER'S LICENSE
• Client-ID1.jpeg

BACK OF DRIVER'S LICENSE
• Back-ID.jpeg

SECOND PURCHASER INFORMATION

UNTITLED
First Choice

UNTITLED
First Choice

UNTITLED
First Choice

UNTITLED
First Choice

UNTITLED
First Choice

#4103
520 sqft
1L
OP
\$540,900