



Worksheet

IN2ITION SAL	ES REP:		
DATE:			
	g Sales Rep:		
Brokerage: _			Contact #:
Suite:	(the "unit") Sq.Ft:	Type:	Model Name:
Purchase	Price: \$		

Cheques Payable to: AIRD & BERLIS LLP IN TRUST

For Cheque Daniele Purchaser Information: To be completed in full

Purchaser <u>Surname/Last Name</u> :	Purchaser <u>Surname/Last Name</u> :	
Issaev		
Purchaser <u>First/Given</u> Name: (Mr. Mrs. Ms.)	Purchaser <u>First/Given</u> Name: (Mr. Mrs. Ms.)	
Eleno		
Address: 65 Springhead gans. City: Richmond Hill	Address: Suite #:	
Richmond Hill	City:	
Postal Code: Ontario	Postal Code:	
Residence Phone: 647-717-98-74	Residence Phone:	
Business Phone:	Business Phone:	
Date of Birth: June 1, 1972	Date of Birth:	
SIN #:	SIN #:	
Priver's License #: 519-JM62-57470	Driver's License #:	
Expiry Date: 2025 /06/01	Expiry Date:	
What is your Profession: RBC cliend	Email:	
What is your Profession: RBC cliend	What is your Profession:	
Are you an End User or Investor:	Are you an End User or Investor:	
Marital status: advisor	Marital status:	
How many dependents living with you:	How many dependents living with you:	
Their ages:	Their ages:	
How did you hear about us:	How did you hear about us:	