

CLOSING DATE: \_\_\_\_\_ (MUST BE WITHIN 45-60 OF SALE DATE)

**PURCHASER INFORMATION – MUST BE FULLY COMPLETED**

Purchaser <u>Surname/Last Name</u> : SANGER	Purchaser <u>Surname/Last Name</u> :
Purchaser <u>First/Given</u> Name: (Mr. Mrs. Ms.) SACHIN	Purchaser <u>First/Given</u> Name: (Mr. Mrs. Ms.):
Address: 3218 William Rose Way	Address:
City: Oakville Postal Code: L6M0T6	City: Postal Code:
Cell Phone: 647 408 5160	Cell Phone:
Email: Sachin Sanger @ Yahoo. ca	Email:
Date of Birth: Jan 8, 1978 SIN #:	Date of Birth: SIN #:
Occupation: IT Consultant	Occupation:
Employer: self - Inga integrations.	Employer:
Driver's License/Passport #: 5042268457 80108	Driver's License/Passport #:
Expiry Date: 2026/01/08	Expiry Date:

**Purchaser Profile: To be completed by an In2ition Sales Representative**

Are you an End User or Investor: investor	Marital status: M
How did you hear about us: google	