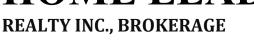
## **WORKSHEET**

SUITE PREFERENCES							
1 <sup>st</sup> Choice	Model	Exposure	Lowest Floor Preferred	Highest Floor Preferred	Parking	Locker	
1 <sup>st</sup> Choice 2 <sup>nd</sup> Choice							
3 <sup>rd</sup> Choice							
DIIDCHASED/S	) INFORMATION						
	INFORMATION						
Name:	First Middle (no Init	ials) Last	Name:	First Mic	ddle (no Initials) Las	st	
Address:		•	Address:		, ,		
			<del></del>				
	City Province	e Postal Code Countr	<i>y</i>	City	Province Postal C	Code Country	
E-mail:			E-mail:				
Phone:			Phone:				
Occupation:			Occupation:				
S.I.N.:			S.I.N.:				
D.O.B.:			D.O.B.:				
ID#:	Month Day	Year	ID#:	Month	Day	Year	
Type of ID:	☐ Driver's Lice	ense	Type of ID:	☐ Driv	☐ Driver's License		
	Passport						
		Resident Card			<ul><li>☐ Permanent Resident Card</li><li>☐ Photo Card</li></ul>		
	☐ Photo Card			☐ Phot	to Card		
Are you a Canadian Resident? Yes  No							
Are you an Investor □ User □?							
All Purchaser(s) must bring the following to qualify for purchase at the point of sale:							

- 1. A valid government issued photo ID
- 2. A personal cheque book or a certified cheque if required by the builder otherwise



## **HOME LEADER**





300 Richmond Street West Unit #300 416.599.9.599