

WORKSHEET

| Date of Offer: 100 5 201 IN2ITION Salesperson: Suite Number: 100 Tower: 12 Floorplan: (| sperson: CSU Unit No. Unit No. |
|---|---|
| PURCHASE PRICE & DEPOSITS: | |
| Purchase \$ 144, 900 | |
| 1 st Deposit: \$2,000.00 with Agreement | |
| 2 nd Deposit: Balance to 5% in 30 days \$100 | 15) Date: 107 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 3 rd Deposit: 5% in 90 days | Date: MOU 1 1 2 |
| 4 th Deposit: 5% in 120 days \$ 1 2 2 | Date: |
| 5 th Deposit: Fotal-te-20% on occupancy \$ | Date: |
| □ ## | MENDMENTS ADDENDIMS CONDITIONS: |
| oup adjust 15% right | 1 |
| PURCHASER #1 | PURCHASER #2 |
| Sabrina Camara SiMSa First, Middle & Last Name | First, Middle & Last Name |
| March 31 [986 537 30 [2] Date of Birth: (M/D/Y) | OS/27/1986 S29-224-305 Date of Birth: (M/D/Y) S.I.N |
| Drivers License # Expiry Date | M6410-39358-60527 2014/05/27 Drivers License # Expiry Date |
| 56 Symington Ave Suite # | 3153 HIGH SPLINES CRES Suite# |
| City Postal Code | MISSISSAUCA USR 464 City Postal Code |
| 416534 1850 416 785 8412 Residence Phone Business Phone | Residence Phone Business Phone |
| 416 785 83 24 Fax Number | Fax Number |
| ing c Sousa@hoto | j-moni286 @hotmail.com |
| PURCHASER'S SOLICITOR | |
| Solicitor's Name | Firm |
| Address | Suite No. |
| City | Postal Code |
| Phone Number Fax Number | Email |
| PURCHASER PROFILE: to be completed by agent/sign-up person | person End I Ser or Investor? |
| | n: |
| iving with you? | Dependents Ages: Marital Status: |