Worksheet
Leasing

Suite: 2002 **Tower:** PSV **Date:** _____ **Completed by:** _____

Please mark if completed:

- ✓ Copy of 'Lease Prior to Closing' Amendment
- ✓ Copy of Lease Agreement
- ✓ Certified Deposit Cheque for Top up Deposit to 20% payable to Aird and Berlis LLP in Trust
- ✓ Certified Deposit Cheque for leasing fee as per the Leasing Amendment payable to Amacon City Centre Seven New Development Partnership. Courier to Dragana at Amacon Head office (Toronto).
- ✓ Agreement must be in good standing. Funds in Trust: $ 70,045.00.
- Copy of Tenant's ID
- Copy of Tenant's First and Last Month Rent
- ✓ Copy of Tenant's employment letter or paystub
- ✓ Copy of Credit Check
- Copy of the Purchasers Mortgage approval
- The elevator will not be allowed to be booked until all of the Above items have been completed and submitted

Administration Notes:

_____

_____

_____

_____

_____

_____

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER. SEE BACK FOR INSTRUCTIONS.

The Toronto-Dominion Bank

80852981

3037 CLAYHILL ROAD
MISSISSAUGA, ON L5B 4L2

DATE 2017-07-13
YYYYMMDD

Transit-Serial No. 1878-80852981

Pay to the Order of AMACON CITY CENTER SEVEN NEW DEVELOPMENT

$ ********565.00

FIVE HUNDRED SIXTY FIVE*******00/100 Canadian Dollars

Authorized signature required for amounts over CAD $5,000.00

Re 2002-PSV1 Samer Mashal

The Toronto-Dominion Bank
Toronto, Ontario
Canada M5K 1A2

Authorized Officer

Countersigned

Number

OUTSIDE CANADA NEGOTIABLE BY CORRESPONDENTS AT THEIR BUYING RATE FOR DEMAND DRAFTS ON CANADA

⑈80852981⑈ ⑆09612⑈004⑆ ⑈3808⑈

Residential Tenancy Agreement (Ontario)

THIS AGREEMENT made the 1st day of July 2017.

BETWEEN:

Shakil A. Khan

(hereafter referred to as "the Tenant(s)")

AND

Samer Mashal

(hereafter referred to as "the Landlord")

(Address)

1. The rental premises are [ ] a single family dwelling, [ ] unit in a duplex, triplex, or fourplex, or [x] an apartment in house, located at 2002-4011 Brickstone Mews, Mississauga ON
(Street address)

2. The term of this agreement shall be as follows:
This shall be a

[ ] week-to-week tenancy which shall begin on _____, 20____.

[ ] month-to-month tenancy which shall begin on _____, 20____.

[X] fixed term tenancy which shall begin on July 1st, 20 17 and end on April 31st, 2018.

3. The rent shall be $ 1975.00 [ ] per week [X] per month, and shall be payable in advance on or before the first day of each [ ] week [X] month. The first [ ] week's [X] month's rent shall be payable on July 1st, 2017.

4. The following person is authorized to act on behalf of the Landlord and is specifically authorized to accept notices of the Tenant's complaints and to accept any service of legal process or notice. (Complete if different from Landlord.)

Chaza Khalil - 9055981575
(Name)

(Address)

Initials

5. There will be 1 person(s) occupying the rental premises and their names are:

Shakil A. Khan _____ _____

_____ _____

_____ _____

6. Except for casual guests, no other persons shall occupy the premises without written consent of the Landlord.

7. (a) Utilities will be paid by the parties as indicated below:

	Landlord	Tenant
Electricity	[ ]	[X]
Gas	[X]	[ ]
Water	[X]	[ ]
Telephone	[X]	[ ]
Cable television	[X]	[ ]

	Landlord	Tenant
Garbage removal	[ ]	[X]
Other(s) (specify):		
_____	[ ]	[ ]
_____	[ ]	[ ]

(b) Appliances will be supplied and maintained in working order as indicated below:

	Landlord	Tenant
Electricity	[X]	[ ]
Stove	[X]	[ ]
Refrigerator	[X]	[ ]
Washer	[X]	[ ]
Dryer	[X]	[ ]
Dishwasher	[X]	[ ]

	Landlord	Tenant
Garbage removal	[ ]	[X]
Furnace	[ ]	[ ]
Water heater	[ ]	[ ]
Other(s) (specify):		
_____	[ ]	[ ]
	[ ]	[ ]

8. The Landlord acknowledges receipt from the Tenant of the prepayment of the last month's rent. The following terms shall apply to the deposit. The Landlord agrees to pay 0% interest annually on this deposit.

9. The Landlord shall provide and maintain the premises in a good state of repair and fit for habitation and complying with municipal health, safety, and maintenance standards.

10. The Tenant is responsible for ordinary cleanliness of the premises and for the repair of damage caused by the willful or negligent conduct of the Tenant, other occupants of the premises, or persons permitted on the premises by the Tenant.

_____
Initials

11. The Landlord may enter the premises following written notice given to the Tenant at least 24 hours' before the time of entry to carry out repairs or to allow a potential mortgagee, insurer, or purchaser to view the premises. Such notice must specify the reason for entry, the day of entry, and a time between the hours of 8 a.m. and 8 p.m. Notice is not required in cases of emergency or if the Tenant consents to the entry at the time of entry. The Landlord may also enter the premises without written notice to show the unit to prospective tenants after agreement or notice of termination, provided such entry is between the hours of 8 a.m. and 8 p.m. and, before entering, the Landlord makes a reasonable effort to inform the Tenant of the intention to enter.

12. The Tenant agrees:

(a) to mow and water the lawn and to keep the lawn, flower beds, and shrubbery in good order and condition, and to keep the sidewalk surrounding the premises free and clear of all obstructions; and

(b) to take due precautions against freezing of water or waste pipes and stoppage of the same in and about the premises. If water or waste pipes become clogged by reason of the Tenant's neglect or recklessness, the Tenant shall repair the same at his/her own expense as well as pay for all damage caused.

13. If, after a notice of termination made in accordance with the Tenant Protection Act, the Tenant remains in possession without the Landlord's consent, the Landlord may apply to the Ontario Rental Housing Tribunal for an eviction order. The Landlord may also apply for compensation for any damage, and compensation for use and occupation after termination.

14. The Tenant shall not assign or sublet the premises without the consent of the Landlord. The Landlord shall not arbitrarily or unreasonably withhold such consent.

15. The Landlord and Tenant acknowledge that the rent will not be raised more often than once every 12 months and that any increase shall be in accordance with the annual provincial guideline unless the parties enter into an agreement for an increase in accordance with the provisions of the Tenant Protection Act.

16. If the Tenant wishes to terminate the tenancy at the end of the term, he or she must give notice in writing not less than 60 days prior to the expiration of the term. If no such notice is delivered and no further agreement entered into, the Tenant becomes a monthly tenant. A monthly tenant must give 60 days' written notice to terminate and a weekly tenant must give 4 weeks' written notice.

17. OPTIONAL PROVISIONS

Initials

The following provisions are optional and may be used only if both parties agree. To be binding, the optional provision must be initialed by both parties and must not be inconsistent with the Tenant Protection Act.

(a) The Tenant agrees to notify the Landlord of an intended absence of more than seven days and will permit the Landlord to enter the premises during the absence if reasonably necessary.

(b) Other:

There will be a charge of $70 for any service call by the tenant.

(c) Other:

THIS DOCUMENT is intended to be a complete record of the rental agreement. Both parties are to have a complete copy of this agreement. All promises and agreements must be included herein in writing to be binding.

Landlord or Landlord's Agent

Tenant(s)

July 5, 2012
Date

July 5th 2012
Date

Initials

PSV - TOWER ONE

AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

LEASE PRIOR TO CLOSING

Between: **AMACON DEVELOPMENT (CITY CENTRE) CORP.** (the **"Vendor"**) and

SAMER MASHAL (the **"Purchaser"**)

Suite **2002** Tower **ONE** Unit **2** Level **19** (the **"Unit"**)

It is hereby understood and agreed between the Vendor and the Purchaser that the following changes shall be made to the Agreement of Purchase and Sale executed by the Purchaser and accepted by the Vendor (the **"Agreement"**) and, except for such changes noted below, all other terms and conditions of the Agreement shall remain the same and time shall continue to be of the essence:

Insert:

Notwithstanding paragraph 22 of this Agreement, the Purchaser shall be entitled to seek the Vendor's approval to assign the occupancy licence set out in Schedule C to the Agreement to a third party, on the following terms and conditions:

(a) the Purchaser pays to the Blaney McMurtry, in Trust the amount required to bring the deposits for the Residential Unit to an amount equal to twenty-five percent (25%) of the Purchase Price by the Occupancy Date;

(b) the Purchaser is not in default at any time under the Agreement.

(c) the Purchaser covenants and agrees to indemnify and hold harmless the Vendor, its successors and assigns (and their officers, shareholders and directors) from any and all costs, liabilities and/or expenses which it has or may incur as a result of the assignment of Occupancy Licence, any damage caused by the sublicencee to the Residential Unit or the balance of the Property by the sublicencee (including, but not limited to, any activities of the sublicencee which may lead to a delay in registration of the proposed condominium) inclusive of any and all costs and expenses(including legal costs on a substantial indemnity basis) that the Vendor may suffer or incur to terminate the Occupancy Licence and enforce the Vendor's rights under the Agreement;

(d) the Vendor shall have the right in its sole discretion to pre approve the sublicencee including, but not limited to, a review of the sublicencee's personal credit history and the terms of any arrangement made between the Purchaser and the sublicencee;

(e) the Purchaser shall deliver with the request for approval a certified cheque in the amount of One Thousand Five Hundred Dollars ($1,500.00) plus applicable taxes for the administrative costs of the Vendor in reviewing the application for consent, which sum shall be non refundable.

ALL other terms and conditions set out in the Agreement shall remain the same and time shall continue to be of the essence.

IN WITNESS WHEREOF the parties have executed this Agreement

DATED at **Mississauga, Ontario** this 17 day of July 2017 **2012.**

Witness:

Purchaser: **SAMER MASHAL**

THE UNDERSIGNED hereby accepts this offer.

DATED at _____ this _____ day of _____ 2017 **2012.**

AMACON DEVELOPMENT (CITY CENTRE) CORP.

PER: _____
Authorized Signing Officer
I have the authority to bind the Corporation

A1 SPRAY FOAM INSULATION

Date: March 21, 2017

RE: TAHIR KHAN

To whom it may concern,

Please be advised that Mr. Tahir Khan is currently employed at A1 Spray Foam Insulation since February 2015.

Mr. Khan holds the position of Sprayer in our company on full-time basis and working 40 hours per week.

We are currently paying him $30.00 per hour on weekly basis.

If you have any further questions or requirements, please feel free to contact me at 416-871-4009.

Shahid Khan.

Shahid Khan
Director

Website: [illegible] • Email: [illegible] • Tel: 416 871 4009

A1 SPRAY FOAM
11 STEINWAY BLVD
UNIT-12
ETOBICOKE, ON M9W6S9

Tahir Khan
3590 Kaneff Court Apt # 1201
Mississauga, ON L5A 3X3

Employee Paystub Cheque number: 68 Pay Period: 2017-03-25 - 2017-03-31 Cheque Date: 2017-04-06

Employee

Tahir Khan, 3590 Kaneff Court Apt # 1201, Mississauga, ON L5A 3X3

Earnings and Hours	Qty	Rate	Current	YTD Amount
HOURLY	40.00	30.00	1,200.00	15,600.00

Withholdings	Current	YTD Amount
CPP - Employee	-56.07	-728.91
EI - Employee	-19.56	-254.28
Federal Income Tax	-225.56	-2,932.28
	-301.19	-3,915.47

Net Pay	**898.81**	**11,684.53**

A1 SPRAY FOAM, 11 STEINWAY BLVD, UNIT-12, ETOBICOKE, ON. M9W6S9 416-871-4009, 2268742 ONTARIO CORPORATION

RELIABLE STAFFING SERVICES

13-1365 MID-WAY BLVD, MISSISSAUGA ON L5T 2J5 Ph No-416-675-1458

To Whom It May Concern,

RE. MR. Shakil Khan
9194 Castle Derg Side Road
Caledon, ON L7E 0S2

This is to certify that Mr. SHAKIL KHAN is working with us as a Driver on full time basis since July 2015.

We are currently paying him $24.00 per hour and he works 40 hours a week.

If you have any question please call the undersigned.

Regards,

DJ Mehta

DHARMESH MEHTA
DIRECTOR
March 20, 2017

RELIABLE STAFFING SERVICES
13-1365 MID-WAY BLVD
MISSISSAUGA ON L5T 2J6
(416) 675-1458

Earnings Statement

Period Beginning	March 25,2017
Period Ending	March 31,2017
Pay date	April 05,2017
Cheque No	7995

Shakil Khan
9194 Castle Derg Side Road
Caledon On L7E 0S2

Earnings		rate	hours	this period	year to date
Regular		24.00	40.00	960.00	24,000.00
	Gross Pay			960.00	24,000.00
Deductions	Statutory				
	Taxes			155.52	4,140.51
	EI			15.65	391.55
	CPP			44.19	1,112.32
	Total			215.36	5,644.38
	Net Pay			744.64	18,355.62

FSB GROUP LTD.

FSB INSURANCE LTD.
FSB COMMERCIAL LTD.
fsbgroup.ca

With Privacy Officer and Contact information included

Personal Information Consent Form

By signing below you are authorizing that we as your brokerage may collect, use or disclose your personal information contained on your application form and personal information that you have authorized that we may obtain though the application form for the Identified Purposes listed below. To achieve the Identified Purposes listed below, personal information may be shared with third parties such as insurers, government or industry agencies. If you are providing to us personal information about another individual, such as a family member, or in the case of a commercial client, information about an employee, agent, or representative, then you confirm that you have obtained authorization from them to consent to the above on their behalf. In accordance with our Ten Principles we collect, use and disclose your personal information to:

- Verify your identity;
- Determine your eligibility for and provide to you the insurance or financial products that you have requested;
- Assess and underwrite insurance and reinsurance risks;
- Provide investment or banking advice (where you have requested an investment or banking product);
- Determine prices, fees and premiums;
- Investigate and settle claims;
- Offer renewal coverage for your existing Insurance policy;
- Detect and prevent fraud;
- Compile statistics, conduct market research and report to regulatory and industry agencies;
- Investigate specific transactions or patterns of transactions to detect unauthorized or illegal activities;
- Determine the suitability of your investments;
- Comply with the law; or
- Comply with tax requirements.

Personal information may be collected, used or disclosed for any of these "Identified Purposes" set out above. If your personal information is not needed for one of the Identified Purposes, we will not use or disclose it without obtaining additional consent from you.

Name of Client: Shakil A. Khan **Staff Signature:** _____

Client Signature: _____ **Date:** APR 25, 17

Client Signature: _____ **Date:** _____

*If a customer refuses to provide consent for the Identified Purposes listed above, this may limit the ability in whole or on part to offer to them the product or service they have requested.

In addition, by initialing below, you expressly authorize that we use the personal information described above for the additional Identified Purpose of determining your eligibility for and offering to you other insurance or financial products by members of this brokerage.

- Property and casualty insurance;
- Life insurance;
- Segregated funds;
- Mutual funds;
- Banking products or
- other insurance or financial products which may be of interest to you from us or insurers, financial service representatives and other entities with whom we have strategic alliance

Client Initials: SK

A fee may be exchanged between financial service providers for the referral of your name to such third party. For further information about our policies and practices, to access personal information in our custody or under our control or to file a complaint, please contact our Privacy Officer.

CSIO HABITATIONAL INSURANCE APPLICATION

BILLING METHOD: COMPANY BILL

INSURANCE COMPANY		BINDER NUMBER	POLICY NUMBER
Wawanesa Mutual Insurance Co.	☐ QUOTE ☒ NEW ☐ RENEWAL	56303	56303

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

NAME: Khan, Shakil

ADDRESS: 1702 - 4011 BRICKSTONE MEWS

CITY, PROV: MISSISSAUGA POSTAL CODE: L5B 0J7

CONTACT NAME:

HOME: CELL:

BUSINESS: FAX:

EMAIL:

WEBSITE:

PREFERRED LANGUAGE: ☒ ENGLISH ☐ FRENCH

2. BROKER'S NAME AND POSTAL ADDRESS

NAME: FSB INSURANCE LTD.

ADDRESS: 385 Connie Crescent

CITY, PROV: Concord Ontario POSTAL CODE: L4K 5R2

CONTACT NAME:

BUSINESS: (905) 731-5177 CELL:

EMAIL:

BROKER CONTRACT NO.: 7513 BROKER SUB-CONTRACT NO.:

BROKER CLIENT ID: 49584 COMPANY CLIENT ID:

GROUP NAME: GROUP ID:

3. POLICY PERIOD

EFFECTIVE DATE: 2017 5 1 TIME: 12:01 A.M. ☒ P.M. ☐ EXPIRY DATE: 2018 5 1 AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S ADDRESS SHOWN ABOVE.

4. APPLICANT DATA

APPLICANT 1 NAME: Khan, Shakil		APPLICANT 2 NAME:	
OCCUPATION:	YEARS CONTINUOUSLY EMPLOYED:	OCCUPATION:	YEARS CONTINUOUSLY EMPLOYED:
DATE OF BIRTH: 1952 8 12		DATE OF BIRTH:	

5. LOSS HISTORY

CLAIMS HISTORY REPORT DATE:

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? ☐ YES ☒ NO IF YES, COMPLETE THE TABLE BELOW.

DATE OF LOSS	LOC. #	CAUSE OF LOSS	STATUS	AMOUNT PAID	INSURANCE COMPANY	POLICY NUMBER

DOES THE APPLICANT HAVE ANY KNOWLEDGE OR INFORMATION OF ANY FACT, CIRCUMSTANCE, OR SITUATION WHICH COULD REASONABLY GIVE RISE TO A CLAIM WHICH WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE? ☐ YES ☒ NO IF YES, PROVIDE DETAILS IN REMARKS SECTION.

6. POLICY HISTORY

CONTINUOUSLY INSURED SINCE:

☒ FIRST TIME INSURED, NO PRIOR HABITATIONAL INSURANCE

INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE	END DATE	REASON FOR ENDING	IF TERMINATED BY INSURER, REASON
No Previous Insurer					

IN THE PAST FIVE YEARS, HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, REFUSED OR INDICATED AN INTENT NOT TO RENEW ANY HABITATIONAL INSURANCE POLICY? ☐ YES ☒ NO IF YES, PROVIDE DETAILS IN REMARKS SECTION.

7. CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS _____ POLICY NUMBER _____

LINE OF BUSINESS _____ POLICY NUMBER _____

LINE OF BUSINESS _____ POLICY NUMBER _____

LINE OF BUSINESS _____ POLICY NUMBER _____

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CSIO HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC NO. 1

PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

8. RISK ADDRESS ☐ SAME AS POSTAL ADDRESS

ADDRESS 1702 -4011 BRICKSTONE MEWS | CITY, PROV MISSISSAUGA ON | POSTAL CODE L5B 0J7

9. RATING INFORMATION

YEAR BUILT 2016 | NO. OF STORYS High | NO. OF FAMILIES 1 | # OF UNITS | TOTAL LIVING AREA (excluding basement) 700 ☒ sq ft ☐ m2 | ACCESS TYPE EASY ACCESS ROAD | SMOKERS? N

REPLACEMENT COST EVALUATOR PRODUCT | DATE EVALUATION COMPLETED | DATE OF BIRTH OF ELDEST OCCUPANT 1952 - 8 12 | RELATIONSHIP TO APPLICANT Insured

OCCUPANCY TYPE: Primary Residence

STRUCTURE TYPE: High Rise

FOUNDATION TYPE: Concrete Blocks

FINISHED BASEMENT ____ %

EXTERIOR WALL FRAMING TYPE: Other (Attach a

EXTERIOR WALL FINISH TYPE: Cement

INTERIOR WALL CONSTRUCTION TYPE

____ % ____ %

____ %

INTERIOR WALL HEIGHT

____ % ____ % ____ %

INTERIOR FLOOR FINISH TYPE

____ % ____ %

____ %

CEILING CONSTRUCTION TYPE

____ % ____ %

____ %

UPGRADES	FULL(YY)	PARTIAL(YY)
ROOF		2016
ELECTRICAL		2016
HEATING		2016
PLUMBING		2016

ROOF COVERING TYPE: Tar & Gravel

ELECTRICAL WIRING TYPE: Copper

ELECTRICAL PANEL TYPE: Breakers

SERVICE 100 A

PRIMARY HEATING TYPE

APPARATUS: Furnace (Central)

FUEL: Natural Gas

LOCATION: Main Floor

PROFESSIONALLY INSTALLED? ☒ YES ☐ NO

APPROVED BY ULC, CSA, OR WH? ☒ YES ☐ NO

AUXILIARY HEATING TYPE

APPARATUS: None

FUEL

LOCATION

PROFESSIONALLY INSTALLED? ☐ YES ☐ NO

APPROVED BY ULC, CSA, OR WH? ☐ YES ☐ NO

NO. OF FACE CORDS PER YEAR ____

☐ SOLID FUEL HEATING QUESTIONNAIRE ATTACHED

RADIANT HEATING AREA ____ ☐ sq ft ☐ m2

MAKE ____ YEAR ____

OIL TANK YEAR ____ ☐ INSIDE ☐ IN GROUND ☐ OUTSIDE ☐ ABOVE GROUND

☐ FUEL TANK QUESTIONNAIRE ATTACHED

PLUMBING TYPE

COPPER	100 %	GALVANIZED	%
ABS	%	PVC	%
PEX	%	POLY-B	%
LEAD	%	OTHER	%
		PLASTIC	%

WATER HEATER TYPE

APPARATUS: Heat Pump

WATER HEATER YEAR: 2016

FUEL: Natural Gas

PROFESSIONALLY INSTALLED? ☒ YES ☐ NO

APPROVED BY ULC, CSA, OR WH? ☒ YES ☐ NO

PRIMARY WATER MITIGATION TYPE

SUMP PUMP TYPE

AUXILIARY POWER

BACK UP VALVE

AUXILIARY WATER MITIGATION TYPE

SUMP PUMP TYPE

AUXILIARY POWER

BACK UP VALVE

MAIN WATER VALVE SHUT OFF TYPE

NO OF MAIN WATER VALVE SHUT OFF SENSORS

☐ SEWER BACKUP QUESTIONNAIRE ATTACHED

FIRE PROTECTION

DISTANCE TO HYDRANT: within 150 metres

HYDRANT TYPE: Standard

DISTANCE TO RESPONDING FIRE HALL: within 5 kilometres

FIRE HALL NAME

SECURITY SYSTEM

FIRE: None

BURGLARY: None

SMOKE DETECTORS: Local Complete

SMOKE DETECTOR TYPE

NO. OF DETECTORS: 2

IF ANY OF THE ABOVE ARE MONITORED, MONITORED BY

☐ ALARM CERTIFICATE ATTACHED

PREMISES ACCESS SECURITY TYPE

HOME SPRINKLERED? ☐ YES ☐ NO

BATHROOMS NO. OF FULL 1 NO. OF HALF 1

KITCHENS NO. OF ____

KITCHEN #1 QUALITY

KITCHEN #2 QUALITY

GARAGE / CARPORT NO. OF CARS ____

GARAGE TYPE

SWIMMING POOL YEAR ____

POOL FENCED? ☐ YES ☐ NO

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HABITATIONAL INSURANCE APPLICATION

UNDERWRITING INFORMATION LOC NO. 1

DETACHED OUTBUILDINGS/STRUCTURES (Additional limits may be required on any heated outbuildings)

NO.	YEAR	STRUCTURE TYPE	EXTERIOR WALL FRAMING TYPE	HEATING APPARATUS TYPE	FUEL TYPE	TOTAL AREA	VALUE
						Sq ft / m2	
						Sq ft / m2	
						Sq ft / m2	

10. MORTGAGEE / LOSS PAYEE(S)

1 NAME — NATURE OF INTEREST
ADDRESS — CITY, PROV/STATE — POSTAL/ZIP CODE

2 NAME — NATURE OF INTEREST
ADDRESS — CITY, PROV/STATE — POSTAL/ZIP CODE

3 NAME — NATURE OF INTEREST
ADDRESS — CITY, PROV/STATE — POSTAL/ZIP CODE

11. ATTACHMENTS

ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

12. ADDRESS HISTORY

OCCUPANCY DATE FOR THIS LOCATION 2017 | 5 | 1 — IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESSES BELOW

NO.	ADDRESS	CITY	PROV	POSTAL CODE	DATE MOVED IN YYYYMMDD	DATE MOVED OUT YYYYMMDD
1						
2						
3						

13. LIABILITY EXPOSURES

All YES answers may require liability extension coverage or remarks explaining coverage declined.

1. DO YOU OWN / RENT MORE THAN ONE LOCATION? ☐ YES ☒ NO
2. NUMBER OF WEEKS LOCATION RENTED TO OTHERS? 0
3. NUMBER OF ROOMS RENTED TO OTHERS? 0
4. DAYCARE OPERATION - NUMBER OF CHILDREN 0
5. DO YOU OWN A TRAMPOLINE? ☐ YES ☒ NO
6. DO YOU HAVE A GARDEN TRACTOR? ☐ YES ☒ NO
7. DO YOU HAVE A GOLF CART? ☐ YES ☒ NO
8. NUMBER OF SADDLE / DRAFT ANIMALS? 0
9. DO YOU OWN ANY UNLICENSED RECREATIONAL VEHICLES? ☐ YES ☒ NO
10. RENEWABLE ENERGY INSTALLATION ON PREMISES? ☐ YES ☒ NO
11. DO YOU OWN ANY WATERCRAFT? ☐ YES ☒ NO
12. NUMBER OF FULL TIME RESIDENCE EMPLOYEES? 0
13. IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE? ☐ YES ☒ NO
    CO-OCCUPANT NAME
14. IS THERE ANY KIND OF BUSINESS OPERATION? ☐ YES ☒ NO
    IF YES, DESCRIBE BUSINESS
15. NUMBER OF DOGS IN THE HOUSEHOLD 0
    BREED(S) OF DOGS
16. TOTAL PROPERTY AREA (if greater than 1 acre) 0.0 acres
17. OTHER EXPOSURES NO

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CSIO

HABITATIONAL INSURANCE APPLICATION

COVERAGES AND LIABILITY EXTENSIONS LOC NO1

14. COVERAGES

COVERAGE FORM TYPE 15 - Comprehensive Tenants Form

RATING PLAN Preferred

COVERAGE DESCRIPTION	REQUESTED/ DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF 1	2	3	4	5	ESTIMATED PREMIUM
DWELLING BUILDING	DECLINED									
DETACHED PRIVATE STRUCTURES	DECLINED									
PERSONAL PROPERTY	REQUESTED	$40,000	1000	FL	RC					$212
ADDITIONAL LIVING EXPENSES	REQUESTED	$8,000		FL						
LEGAL LIABILITY	REQUESTED	$2,000,000		FL						$19
VOLUNTARY MEDICAL PAYMENTS	REQUESTED	$5,000		FL						
VOLUNTARY PROPERTY DAMAGE	REQUESTED	$1,000		FL						
SEWER BACK-UP	REQUESTED	$40,000	1000	FL						$65
SINGLE LIMIT	DECLINED									
GUARANTEED REPLACEMENT COST-BUILDING	DECLINED									
REPLACEMENT COST ON CONTENTS	REQUESTED									
UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS ☐ ALL RISK ☐ NAMED PERILS	DECLINED									
LOSS ASSESSMENT ☐ ALL RISK ☐ NAMED PERILS	DECLINED									
CONDOMINIUM CONTINGENT LEGAL LIABILITY	DECLINED									
CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT	DECLINED									
IDENTITY THEFT	DECLINED									
REPLACEMENT COST - CONTE	REQUESTED	$40,000		FL						
EARTHQUAKE	DECLINED									
POST-EARTHQUAKE DAMAGE	DECLINED									

ESTIMATED PREMIUM FOR THIS SECTION $ 296

15. LIABILITY EXTENSIONS AND EXCLUSIONS

LIABILITY COVERAGE DESCRIPTION	REQUESTED/ DECLINED	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF 1	2	3	4	5	ESTIMATED PREMIUM

ESTIMATED PREMIUM FOR THIS SECTION $

16. DISCOUNTS AND SURCHARGES

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM Y/N	EST. DISCOUNT SURCHARGE

DISCOUNTS AND SURCHARGES continued

DISCOUNT/SURCHARGE DESCRIPTION	%	APPLIED TO PREMIUM Y/N	EST DISCOUNT SURCHARGE

ESTIMATED PREMIUM FOR THIS SECTION $

TOTAL ESTIMATED PREMIUM FOR THIS PAGE $ $296

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CSIO

HABITATIONAL INSURANCE APPLICATION

17. PREMIUM INFORMATION

TYPE OF PAYMENT PLAN	ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	ADDITIONAL CHARGES % / $	TOTAL ESTIMATED COST
Monthly	$297.00	$23.76	3.00 $8.91	$329.67
AMOUNT PAID WITH APPLICATION	**AMOUNT STILL DUE**	**NO. OF REMAINING INSTALMENTS**	**AMOUNT OF EACH INSTALMENT**	**INSTALMENT DUE DATE**
	$329.67	12	$27.47	

18. REMARKS

The producer is David Lee

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CSIO HABITATIONAL INSURANCE APPLICATION

19. FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

For all provinces and territories except Quebec: If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be underteken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

For Quebec: I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

For all provinces and territories: Any fraud or wilfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

20. PERSONAL INFORMATION CONSENT

For all provinces and territories except Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's, and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage, and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rates available to me.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by also signing below.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

For Newfoundland and Labrador:

I am providing personal information of individuals in this form to apply for insurance.. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's, and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information;

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage, and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

iii) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purpose of determining eligibility and conditions for a premium payment plan. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais.
The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

49584

APPLICANT'S SIGNATURE	DATE (YYYY-MM-DD)	APPLICANT'S SIGNATURE	DATE (YYYY-MM-DD)
X J. Jones	Apr. 25. 2017	X	

21. BROKER QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? [X] YES [ ] NO SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT? 2017 4 1 HAVE YOU BOUND THIS RISK? [X] YES [ ] NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? [ ] YES [X] NO IF YES, PROVIDE DETAILS IN REMARKS

HAVE YOU SEEN THE PRIMARY LOCATION? [ ] YES [X] NO IF YES, WHEN (YYYY-MM-DD) CONDITION OF PROPERTY [X] GOOD [ ] FAIR [ ] POOR

BROKER'S NAME (Please print)	BROKER'S SIGNATURE

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EQUIFAX

Print This Page | Close Window

Equifax Credit Report and Score ™ as of 03/16/2017

Name: Shakil Ahmad Khan

Confirmation Number: 0812224509

Credit Score Summary

654 | Fair

Where You Stand

The Equifax Credit Score™ ranges from 300-900. Higher scores are viewed more favorably. Your Equifax credit score is calculated from the information in your Equifax Credit Report. Most lenders would consider your score fair. You may have challenges qualifying for credit and you may expect to pay high interest rates when you do qualify.

Range	300 - 559 Poor	560 - 659 Fair	660 - 724 Good	725 - 759 Very Good	760 + Excellent
Canada Population	4%	10%	15%	14%	57%

What's Impacting Your Score

Below are the aspects of your credit profile and history that are important to your Equifax credit score. They are listed in order of impact to your score - the first has the largest impact, and the last has the least.

Collections Balance.

Number of always satisfactory bank installment trades.

Number collections with collection amount > $250.

Your Loan Risk Rating

654 | Fair

Your credit score of 654 is better than 13% of Canadian consumers.

The Equifax Credit Score ™ ranges from 300-900. Higher scores are viewed more favorably.

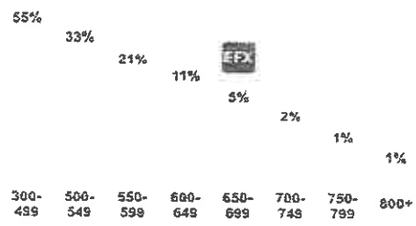
The Bottom Line :

Lenders consider many factors in addition to your score when making credit decisions. However, most lenders would consider you to be a high risk. You may have difficulty qualifying for conventional loans and credit cards - and when you do qualify for credit, you may be charged high interest rates. If you're in the market for credit, this is what you might expect:

- You may have difficulty qualifying for credit cards.
- When you do qualify for a loan, you may pay very high interest rates.
- The loan terms you receive may be very restrictive and include low credit limits.

It is important to understand that your credit score is not the only factor that lenders evaluate when making credit decisions. Different lenders set their own policies and tolerance for risk, and may consider other elements, such as your income, when analyzing your creditworthiness for a particular loan.

Delinquency Rates*



* Delinquency Rate is defined as the percentage of borrowers who reach 90 days past due or worse (such as bankruptcy or account charge-off) on any credit account over a two year period.

CREDIT REPORT

Personal Information

Personal Data

Name:	SHAKIL AHMAD KHAN
SIN:	484XXX058
Date of Birth:	1952-12-XX

Other Names:

Also Known as:	SHAKIL KHNA

Current Address

Address:	9194 CASTLEDERG BOLTON, ON
Date Reported:	2015-02 2007-02 2007-08

Previous Address

Address:	3590 KANEFF CRES UNIT 1201 MISSISSAUGA, ON
Date Reported:	2015-02 2007-02 2007-08

Current Employment

Employer:	MORNEAU TRANSPORT
Occupation:	

Previous Employment

Employer:	CANADA CARTAGE
Occupation:	
Employer:	GLOBAL TRADE PARTNERS INC
Occupation:	LOGISTICS

Special Services

No Special Services Message

Consumer Statement

No Consumer Statement on File

Credit Information

This section contains information on each account that you've opened in the past. It is retained in our database for not more than 6 years from the date of last activity.

An installment loan is a fixed-payment loan in which the monthly payment does not change from month to month. Examples of such loans are a car loan or a student loan. Mortgage information may appear in your credit report, but is not used to calculate your credit score. A revolving loan is a loan in which the balance or amount owed changes from month to month, such as a credit card.

Note: The account numbers have been partially masked for your security.

CITI CARDS HOME DEP

Phone Number:	(800)233-8557
Account Number:	XXX...388
Association to Account:	Individual
Type of Account:	Revolving
Date Opened:	2017-01
Status:	Paid as agreed and up to date
Months Reviewed:	03
Payment History:	No payment 30 days late No payment 60 days late No payment 90 days late
Prior Paying History:	
Comments:	Monthly payments Amount in h/c column is credit limit

High Credit/Credit Limit:	$2,000.00
Payment Amount:	$4.00
Balance:	$4.00
Past Due:	$0.00
Date of Last Activity:	
Date Reported:	2017-03

TD AUTO FINANCE CAN

Phone Number:	(800)832-3321	High Credit/Credit Limit:	$2,000.00
Account Number:	XXX...537	Payment Amount:	Not Available
Association to Account:	Individual	Balance:	$0.00
Type of Account:	Revolving	Past Due:	$0.00
Date Opened:	2011-01	Date of Last Activity:	2015-04
Status:	Paid as agreed and up to date	Date Reported:	2017-02
Months Reviewed:	72		
Payment History:	No payment 30 days late No payment 60 days late No payment 90 days late		
Prior Paying History:			
Comments:	Personal line of credit Monthly payments		

INFINITE AVION

Phone Number:	Not Available	High Credit/Credit Limit:	$5,500.00
Account Number:	XXX...167	Payment Amount:	$10.00
Association to Account:	Individual	Balance:	$36.00
Type of Account:	Revolving	Past Due:	$0.00
Date Opened:	2003-06	Date of Last Activity:	2017-02
Status:	Paid as agreed and up to date	Date Reported:	2017-03
Months Reviewed:	43		
Payment History:	No payment 30 days late No payment 60 days late No payment 90 days late		
Prior Paying History:			
Comments:	Monthly payments Amount in h/c column is credit limit		

ROYAL BANK OF CANADA

Phone Number:	(800)769-2511	High Credit/Credit Limit:	$27,364.00
Account Number:	XXX...001	Payment Amount:	$185.00
Association to Account:	Individual	Balance:	$27,123.00
Type of Account:	Installment	Past Due:	$0.00
Date Opened:	2017-01	Date of Last Activity:	2017-02
Status:	Too new to rate or opened but not used	Date Reported:	2017-02
Months Reviewed:	02		
Payment History:	No payment 30 days late No payment 60 days late No payment 90 days late		
Prior Paying History:			
Comments:	Bi-weekly payments		

ROYAL BANK VISA

Phone Number:	Not Available	High Credit/Credit Limit:	$3,500.00
Account Number:	XXX...283	Payment Amount:	Not Available
Association to Account:	Individual	Balance:	$0.00
Type of Account:	Revolving	Past Due:	$0.00
Date Opened:	2012-06	Date of Last Activity:	2017-02
Status:	Paid as agreed and up to date	Date Reported:	2017-02
Months Reviewed:	56		
Payment History:	No payment 30 days late No payment 60 days late No payment 90 days late		
Prior Paying History:			
Comments:	Monthly payments Amount in h/c column is credit limit		

CITI CARDS HOME DEP

Phone Number:	(800)233-8557	High Credit/Credit Limit:	$1,700.00
Account Number:	XXX...981	Payment Amount:	Not Available
Association to Account:	Individual	Balance:	$0.00
Type of Account:	Revolving	Past Due:	$0.00

Date Opened:	1998-04	Date of Last Activity:	2015-02
Status:	Paid as agreed and up to date	Date Reported:	2017-02
Months Reviewed:	72		
Payment History:	01 payments 30 days late 01 payments 60 days late 02 payments 90 days late		
Prior Paying History:	At least 120 days past due (2012-11) Three or more payments past due (2012-10) Two payments past due (2012-09)		
Comments:	Account Closed Monthly payments		

PRESIDENTS CHOICE MC

Phone Number:	(866)246-7262	High Credit/Credit Limit:	$1,000.00
Account Number:	XXX...297	Payment Amount:	Not Available
Association to Account:	Individual	Balance:	$0.00
Type of Account:	Revolving	Past Due:	Not Available
Date Opened:	2011-11	Date of Last Activity:	2014-12
Status:	Paid as agreed and up to date	Date Reported:	2016-10
Months Reviewed:	59		
Payment History:	03 payments 30 days late 01 payments 60 days late No payment 90 days late		
Prior Paying History:	One payment past due (2014-07) Two payments past due (2012-11) One payment past due (2012-10)		
Comments:	Closed by credit grantor Monthly payments		

TD AUTO FINANCE CAN

Phone Number:	(800)632-3321	High Credit/Credit Limit:	$9,215.00
Account Number:	XXX...006	Payment Amount:	$427.00
Association to Account:	Individual	Balance:	$0.00
Type of Account:	Installment	Past Due:	$0.00
Date Opened:	2009-04	Date of Last Activity:	2016-03
Status:	Paid as agreed and up to date	Date Reported:	2016-03
Months Reviewed:	63		
Payment History:	No payment 30 days late No payment 60 days late No payment 90 days late		
Prior Paying History:			
Comments:	Account paid Auto		

ROYAL BANK VISA

Phone Number:	Not Available	High Credit/Credit Limit:	$3,500.00
Account Number:	XXX...652	Payment Amount:	$53.00
Association to Account:	Individual	Balance:	$0.00
Type of Account:	Revolving	Past Due:	$0.00
Date Opened:	2003-06	Date of Last Activity:	2013-06
Status:	Paid as agreed and up to date	Date Reported:	2015-09
Months Reviewed:	30		
Payment History:	No payment 30 days late No payment 60 days late No payment 90 days late		
Prior Paying History:			
Comments:	Monthly payments		

CDN WESTERN BANK

Phone Number:	(780)423-8888	High Credit/Credit Limit:	$176,000.00
Account Number:	XXX...TG1	Payment Amount:	$434.00
Association to Account:	Individual	Balance:	$0.00
Type of Account:	Mortgage	Past Due:	Not Available
Date Opened:	2013-12	Date of Last Activity:	2015-02
Status:	Paid as agreed and up to date	Date Reported:	2015-03
Months Reviewed:	06		
Payment History:	No payment 30 days late		

No payment 60 days late
No payment 90 days late

Prior Paying History:

Comments: Account paid
Mortgage

* This item is not displayed to all credit grantors. It does not impact your credit score as returned on this report; however some lenders may use a different score where it is factored in to the scoring algorithm.

ROGERS COMMUNICATION

Phone Number: (877)764-3772
Account Number: XXX...552
Association to Account: Individual
Type of Account: Open
Date Opened: 2012-03
Status: Bad debt, collection account or unable to locate
Months Reviewed:
Payment History: No payment 30 days late
No payment 60 days late
No payment 90 days late
Prior Paying History:
Comments: Closed at consumer request
Account paid

High Credit/Credit Limit:
Payment Amount: Not Available
Balance: $0.00
Past Due: Not Available
Date of Last Activity: 2014-03
Date Reported: 2015-03

HOME TRUST VISA

Phone Number: (877)903-2133
Account Number: XXX...807
Association to Account: Individual
Type of Account: Revolving
Date Opened: 2010-06
Status: Paid as agreed and up to date
Months Reviewed: 06
Payment History: No payment 30 days late
No payment 60 days late
No payment 90 days late
Prior Paying History:
Comments: Closed at consumer request
Account paid

High Credit/Credit Limit: $0.00
Payment Amount: Not Available
Balance: $0.00
Past Due: $0.00
Date of Last Activity: 2014-02
Date Reported: 2014-04

Credit History and Banking Information

A credit transaction will automatically purge from the system six (6) years from the date of last activity. All banking information (checking or saving account) will automatically purge from the system six (6) years from the date of registration.

No Banking information on file

Please contact Equifax for additional information on Deposit transactions at 1-800-865-3908

Public Records and Other Information

Bankruptcy

A bankruptcy automatically purges six (6) years from the date of discharge in the case of a single bankruptcy. If the consumer declares several bankruptcies, the system will keep each bankruptcy for fourteen (14) years from the date of each discharge. All accounts included in a bankruptcy remain on file indicating "included in bankruptcy" and will purge six (6) years from the date of last activity.

Voluntary Deposit - Orderly Payment Of Debts, Credit Counseling

When voluntary deposit – OPD – credit counseling is paid, it will automatically purge from the system three (3) years from the date paid.

Registered Consumer Proposal

When a registered consumer proposal is paid, it will automatically purge three (3) years from the date paid.

Judgments, Seizure Of Movable/Immovable, Garnishment Of Wages

The above will automatically purge from the system six (6) years from the date filed.

Secured Loans

A secured loan will automatically purge from the system six (6) years from the date filed.
(Exception: P.E.I. Public Records: seven (7) to ten (10) years.)

Secured Loans
Court Name: MINISTRY GOVT SERV
Industry Class:
Date Filed: 2017-01
Creditor's Name and Amount: 724435749 ROYAL BANK OF CANADA
Maturity Date:
Comments: Security Deposit Unknown

Secured Loans
Court Name: MINISTRY GOVT SERV
Industry Class:
Date Filed: 2014-04
Creditor's Name and Amount: 695028006 TD AUTO FINANCE (CANADA) INC $9215
Maturity Date:
Comments: Security Discharged

Collection Accounts

A collection account under public records will automatically purge from the system six (6) years from the date of last activity.

ALAM LAW OFFICE
Date Assigned: 2013-11
Collection Agency: DIXON COMM INV
Amount: $4,350.00
Date of Last Payment: 2011-08
Date Verified:
Comments:
Account Number: D9150376N1
Reason:
BalanceAmount: $3,860.00
Date Paid:

Credit Inquiries to the File

The following inquiries were generated because the listed company requested a copy of your credit report. An inquiry made by a Creditor will automatically purge three (3) years from the date of the inquiry. The system will keep a minimum of five (5) inquiries.

2017-01-24	BMO 5286 (Phone Number Not Available)
2017-01-24	TD AUTO FINANCE CAN (800)832-3321
2017-01-24	VISA DESJARDINS (514)397-4789
2016-05-11	HOME TRUST COMPANY (877)903-2133
2014-12-13	TD AUTO FINANCE CAN (800)832-3321
2014-12-09	SCOTIABANK (416)288-1460
2014-12-08	SCOTIABANK (416)288-1460
2014-11-17	HONDA CANADA FINANCE (Phone Number Not Available)
2014-07-25	BELL CANADA (800)730-7121
2014-07-19	BELL CANADA (800)730-7121

The following "soft" inquiries were also generated. These soft inquiries do not appear when lenders look at your file; they are only displayed to you. All Equifax Personal Sol inquiries are logged internally, however only the most current is retained for each month.

2017-03-01	FIRSTREPORT RPRT (855)826-5328
2017-01-10	TDCT (866)222-3456
2016-05-25	AV FDR (800)763-3328

How can I correct an inaccuracy in my Equifax credit report?

Complete and submit a Consumer Credit Report Update Form to Equifax.

By mail:

Equifax Canada Co.
Consumer Relations Department
Box 190 Jean Talon Station