



**PARKSIDE
VILLAGE**
MISSISSAUGA

Date: _____
Tower: BSS
Suite: 3018
Caller: _____

PURCHASER'S INFORMATION

Purchaser's Name(s): DAVE SU CHOI

Address: 2458 CASTLEBROOK ROAD, OAKVILLE, ON, L6M 0G5

Home Number: _____

Cell Number: _____

E-mail(s): _____

Please check one:

OLD ADDRESS ☐

(same as file)

NEW ADDRESS ☒

PURCHASER'S SOLICITOR INFORMATION (if available)

Name: _____

Firm: _____

Tel: _____ Fax: _____

Address: _____

E-mail: _____

NOTES: _____
