

DATE
09/06/2021

TIME
06:39 pm

IN2ITION SALES REPRESENTATIVE NAME:

BROKER DETAILS

PRIMARY AGENT FIRST NAME:
Hunny

PRIMARY AGENT LAST NAME:
Gawri

PRIMARY AGENT EMAIL:
hunny@myinvestmentbrokers.com

PRIMARY AGENT PHONE:
647-284-4869

PRIMARY AGENT BROKERAGE:
RE/MAX Real Estate Centre, My Investment Brokers

SUITE PREFERENCE

FLOOR PREFERENCE
Mid

MODEL NAME
Maple

FLOOR PREFERENCE
Low

PURCHASER INFORMATION

Must Be Fully Completed

✓ PURCHASER SURNAME/LAST NAME:
Sun

PURCHASER FIRST/GIVEN NAME: (MR. MRS. MS.)
Shi

✓ ADDRESS:
1 Appelby Drive

✓ CITY:
St. Catharines

COUNTRY
Canada

✓ POSTAL CODE:
L2M 3E5

✓ CELL PHONE:
(289) 228-1069

✓ EMPLOYER
Car Dealership

✓ OCCUPATION
Manager

✓ DATE OF BIRTH:
10/17/1967

✓ EMAIL:
~~1594839078@qq.com~~

* Lp 1594839078@163.com
Agent correct email on
June 13, 2021 *

FRONT OF DRIVER'S LICENSE
• Shi-Sun-Front-ID.jpeg

BACK OF DRIVER'S LICENSE
• Shi-Sun-Back-ID.jpeg

SECOND PURCHASER INFORMATION

Optional.

UNTITLED
First Choice

UNTITLED
First Choice

UNTITLED
First Choice

UNTITLED
First Choice

UNTITLED
First Choice

DL S9254708 0676017

Will replace
✓ cheques on
monday.
D6