631 sq. ft

$695,900
$ 40 850 parking

PARKSIDE VILLAGE
MISSISSAUGA

VOYA

DATE
29/05/2021

TIME
08:47 pm

IN2ITION SALES REPRESENTATIVE NAME:
MS

BROKER DETAILS

PRIMARY AGENT FIRST NAME:
Emil

PRIMARY AGENT LAST NAME:
Kiriakos

PRIMARY AGENT EMAIL:
emilkiriakos@gmail.com

PRIMARY AGENT PHONE:
416-317-7354

PRIMARY AGENT BROKERAGE:
Century 21 Dreams INC

PH
VIP

SUITE PREFERENCE

FLOOR PREFERENCE
High

MODEL NAME
Oak

2ND FLOOR PREFERENCE
High

2ND MODEL NAME
City-T

PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:
Killeny

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

ADDRESS:
433 Ginger Gate

CITY:
Oakville

End User.

COUNTRY
Canada

POSTAL CODE:
L6M1N2

RESIDENCE PHONE:
(416) 880-6107

CELL PHONE:
(416) 880-6107

EMAIL:
raief.killeny@gmail.com

EMPLOYER
Total Health Pharmacy

OCCUPATION
Pharmacist

DATE OF BIRTH:
01/01/1973

FRONT OF DRIVER'S LICENSE
- IMG_73521.jpg

BACK OF DRIVER'S LICENSE
- IMG_73531.jpg

#3504
1 Locker
1 Parking
$695,900
+ 50,850
$ 746,750
631 sqft

Zoom ID verification completed by Sharon Naaine.
June 22, 21.

WORKSHEET

VOYA

BASE PURCHASE PRICE $_____

PARKING COST $_____

LOCKER COST $_____

TOTAL PURCHASE PRICE $_____

Preferred Suite:

	MODEL	FLOOR
CHOICE #1	(City) ~~3807~~ 3504	
CHOICE #2		
CHOICE #3		

PURCHASER INFORMATION : PLEASE ENCLOSE CLEAR COPY OF PURCHASER PHOTO IDENTIFICATION

PURCHASER 1	PURCHASER 2
First Name: Raleg	First Name: Evette
Last Name: Killeny	Last Name: Dmitri
Address: 433 Ginger Gate	Address:
Suite #	Suite #
City: ~~Mississauga~~ Oakville Province: ON	City Province:
Postal Code: L6M 1N2	Postal Code:
Main Phone: 416 880-6107	Main Phone:
Alternate Phone:	Alternate Phone:
Date of Birth:	Date of Birth:
S.I.N. #	S.I.N. #
Driver's Licence # K4356638373010 1	Driver's Licence #
Expiry Date: 01/01/2025	Expiry Date:
Email: raleg.killeny@gmail.com	Email: evettealbert@gmail.com

PURCHASER PROFILE: (TO BE COMPLETED BY AGENT)

Did you register through the Web? no	How did you hear about us? EMIL KIRIAKOS
Profession: Pharmacist	Company Name:
How many dependents? n/a	Ages? ~~10~~
End User or Investor: end user	Marital Status:

Co-operating Broker: Please enclose Agent's business card.

Nal _____

Bro _____

Ad _____

Mo _____

Off _____

Fax _____

Em _____

PARKSIDE VILLAGE
MISSISSAUGA

VOYA

DATE
29/05/2021

TIME
08:57 pm

#3504

IN2ITION SALES REPRESENTATIVE NAME:

BROKER DETAILS

PRIMARY AGENT FIRST NAME:
Emil

PRIMARY AGENT LAST NAME:
Kiriakos

PRIMARY AGENT EMAIL:
emilkiriakos@gmail.com

PRIMARY AGENT PHONE:
416-317-7354

PRIMARY AGENT BROKERAGE:
Century 21 Dreams INC

SUITE PREFERENCE

FLOOR PREFERENCE
High

MODEL NAME
City

2ND FLOOR PREFERENCE
High

2ND MODEL NAME
Oak

PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:
Dimitri

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

ADDRESS:
4881 Capri Crescent

CITY:
Burlington

COUNTRY
Canada

POSTAL CODE:
L7M0H8

RESIDENCE PHONE:
(647) 501-0897

CELL PHONE:
(647) 501-0897

EMAIL:
evettealbert@gmail.com

EMPLOYER
RBC Bank

OCCUPATION
Mortgage Specialist

2 Worksheets
1 for each buyer.

DATE OF BIRTH:
10/09/1979

FRONT OF DRIVER'S LICENSE
- IMG_7350.jpg

BACK OF DRIVER'S LICENSE
- IMG_7351.jpg