

DATE
04/06/2021

TIME
11:35 am

INITIATION SALES REPRESENTATIVE NAME:

NS

\$ 834,900 + 50,850 parking

BROKER DETAILS

PRIMARY AGENT FIRST NAME:

Virendra

PRIMARY AGENT LAST NAME:

Srivastava

PRIMARY AGENT EMAIL:

virendra.srivastava@century21.ca

PRIMARY AGENT PHONE:

4168733613

VIP

PRIMARY AGENT BROKERAGE:

Century 21 People's Choice Realty Inc.

SECONDARY AGENT FIRST NAME:

Mohammad

SECONDARY AGENT LAST NAME:

Tahir

SECONDARY AGENT EMAIL:

mtahirc21@gmail.com

SECONDARY AGENT PHONE:

647-886-1570

SECONDARY AGENT BROKERAGE:

Century 21 People's Choice Realty Inc.

768 sqft.

SUITE PREFERENCE

FLOOR PREFERENCE

High

MODEL NAME

Urban

FLOOR PREFERENCE

High

2ND MODEL NAME

Berry

PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:

Khawar

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

Maaha

ADDRESS:

623-8 Fieldway Road

SUITE #:

8

CITY:

Toronto

COUNTRY

Canada

POSTAL CODE:

M8Z 0C3

CELL PHONE:

(647) 568-9656

EMAIL:

mkhawar9291@gmail.com

enduser

EMPLOYER

CIBC

OCCUPATION

Manager

DATE OF BIRTH:

12/25/1992

FRONT OF DRIVER'S LICENSE

- [Maaha-DL.pdf](#)

BACK OF DRIVER'S LICENSE

- [Maaha-DL-Back.pdf](#)

3205
788 sqft
IL ~~IP~~
IP
\$ 885,750

SECOND PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:

Khawar

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

Sarosh

ADDRESS:

623 Fieldway Road

SUITE #:

8

CITY:

Toronto

COUNTRY

Canada

DATE
28/06/2021

TIME
09:07 pm

IN2ITION SALES REPRESENTATIVE NAME:

BROKER DETAILS

PRIMARY AGENT FIRST NAME:
Virendra

PRIMARY AGENT LAST NAME:
Srivastava

PRIMARY AGENT EMAIL:
virendra.srivastava@century21.ca

PRIMARY AGENT PHONE:
4168733613

PRIMARY AGENT BROKERAGE:
Century21People's Choice realty Inc. Brokerage

SECONDARY AGENT FIRST NAME:
Mohammad

SECONDARY AGENT LAST NAME:
Tahir

SECONDARY AGENT EMAIL:
mtahirc21@gmail.com

SECONDARY AGENT PHONE:
6478861570

SECONDARY AGENT BROKERAGE:
Century21People's Choice realty Inc. Brokerage

SUITE PREFERENCE

FLOOR PREFERENCE
High

MODEL NAME
Urban

FLOOR PREFERENCE
Low

PURCHASER INFORMATION

PURCHASER SURNAME/LAST NAME:
Khawar

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

ADDRESS:
8 Fieldway Road

SUITE #:
623

CITY:
Toronto

COUNTRY
Canada

POSTAL CODE:
M8z0c3

CELL PHONE:
(647) 568-9656

EMAIL:
naveeda1965@gmail.com

EMPLOYER
self *employed / Oncologist Clinic*

OCCUPATION
Doctor - *oncologist*

DATE OF BIRTH:
09/18/1965

FRONT OF DRIVER'S LICENSE
• [Naveeda-khawar-lds.pdf](#)

BACK OF DRIVER'S LICENSE
• [Naveeda-khawar-lds1.pdf](#)

SECOND PURCHASER INFORMATION

UNTITLED
First Choice

UNTITLED
First Choice

UNTITLED
First Choice