

WishList Worksheet VIP BROKER



Co-op Agent Name _____

Co-op Broker Company _____

Company address: _____

_____ Fax: _____

Phone: _____ E-mail: _____

CHOICE OF SUITE

	Suite Name	Bedroom Type	Parking	Locker	Comments
Example:	Notting Hill	2 bed + den	yes	No	Any floor is fine
1					
2					
3					

Purchaser Contact Information - All information below must be filled in COMPLETELY to Qualify

Only 2 suites can be purchased in SAME name provided you qualify for mortgage approval and Vendor approves.
Please provide legal name as it appears on photo identification.

PURCHASER #1:

First, Middle & LAST NAME _____ S.I.N. Number _____ D.O.B. _____ Occupation _____

 Place of Employment _____
 Investor / End User _____

PURCHASER #2:

First, Middle & LAST NAME _____ S.I.N. Number _____ D.O.B. _____ Occupation _____

 Place of Employment _____
 Investor / End User _____

ADDRESS:

Street Number _____ Street Name _____ Apt #: _____
 City _____ Province _____ Postal Code _____

Address Change:

TELEPHONE HOME: _____ HOME: _____
 CELL: _____ CELL: _____
 OFFICE: _____ OFFICE: _____
 FAX: _____ FAX: _____
 E-MAIL: _____ E-MAIL: _____

MAKE CHEQUES PAYABLE TO: Minden Gross LLP IN TRUST