Preconstruction Worksheet

*Only completed worksheets will be considered

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Project Name:		
I PLEASE INDICATE YOUR PREFERENCE:		DARWING & LOCKEDS
Choice #1:		PARKING & LOCKERS
model	floor#	Parking (If Available)
Choice #2:		1
model	floor #	Locker (If Available)
Choice #3:model	floor #	
PURCHASER INFORMATION: (Please en	nclose a clear copy of the the purchaser identification)	
First Name:	First Name:	Please attach the below requirements with your submission 1. Images of the front & back of government issued ID No Health Cards 2. Image of the first deposit
Last Name:	Last Name:	
Address:	Address:	
Suite#:	Suite#:	
City: Province:	City: Province:	
Postal Code:	Postal Code:	
Main Phone:	Main Phone:	
Alternate Phone:	Alternate Phone:	
Date of Birth:	Date of Birth:	
SIN #:	SIN #:	3. Other:
Drivers License #:	Drivers License #:	
Expiry Date:	Expiry Date:	
Email:	Email:	
PURCHASER PROFILE: (To be complete	d by agent)	
Purchaser 1 Profession:(If self employed please state what they do and title)	Employer:	-
Purchaser 2 Profession:	Employer:	
(If applicable)	Employer.	SUBMIT VIA EMAIL
Marital Status:		worksheets@royallepagesignature.com
How many dependents?:	Ages:	-
End User Investor		
COOPERATING BROKER: (Please enclo	ose business card)	
Jeff Slightham Vice President/Broker	Name:	
8 Sampson Mews, Suite 201	☐ Don Mills ☐ Downtown	Mississauga
Toronto, ON. M3C 0H5	Mobile Number:	
Mobile #: 416 561 3923	Office Number:	
Office #: 416 443 0300	Email:	



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