

# Preconstruction Worksheet

\*Only completed worksheets will be considered

Project Name: \_\_\_\_\_

PLEASE INDICATE YOUR PREFERENCE:

Choice #1: \_\_\_\_\_  
model floor #

Choice #2: \_\_\_\_\_  
model floor #

Choice #3: \_\_\_\_\_  
model floor #

**PARKING & LOCKERS**

Parking (If Available)

Locker (If Available)

**PURCHASER INFORMATION:** (Please enclose a clear copy of the the purchaser identification)

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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 #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIRED ALONG WITH THE WORKSHEET**

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 cheque  
Payable to the Builder's Lawyer
- 3. Other:

**PURCHASER PROFILE:** (To be completed by agent)

Purchaser 1 Profession: \_\_\_\_\_ Employer: \_\_\_\_\_  
(If self employed please state what they do and title)

Purchaser 2 Profession: \_\_\_\_\_ Employer: \_\_\_\_\_  
(If applicable)

Marital Status: \_\_\_\_\_

How many dependents?: \_\_\_\_\_ Ages: \_\_\_\_\_

End User  Investor

**SUBMIT VIA EMAIL**  
[worksheets@royalpagesignature.com](mailto:worksheets@royalpagesignature.com)

**COOPERATING BROKER:** (Please enclose business card)

**Jeff Slightham**  
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Email: jeff@royalpagesignature.com

Name: \_\_\_\_\_

Don Mills  Downtown  Mississauga

Mobile Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

Email: \_\_\_\_\_