

Suite #_____



THIRD PARTY VERIFICATION

- ALL FIELDS ARE MANDATORY -

FOR USE WITH P.O.A. and/or DEPOSIT CHEQUES IF PROVIDED BY AN INDIVIDUAL OR ENTITY THAT IS NOT NAMED ON THE AGREEMENT OF PURCHASE AND SALE. VALID PHOTO I.D. MUST ACCOMPANY THIS FORM

Personal/Corporation Information

Full Legal Name: _____

*as per I.D. *First* *Middle* *Last*

Birth Date (MM/DD/YY): _____

Address: _____

Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Phone: _____

Email: _____

Occupation: _____

Employer: _____

Relationship Between Third Party and Purchaser(s): _____

Nature of Principal Business:
*IF APPLICABLE

Incorporation Number:
*IF APPLICABLE

Place of Issue: _____

Residency Information – Answer YES or NO

Canadian Citizen or Resident Physically Present: **YES** **NO** _____

Canadian Citizen or Resident **NOT** Physically Present: **YES** **NO** _____

Foreign Resident or Citizen: **YES** **NO** If YES, List Country: _____

Notes