

Applicant Name(s)

INFORMATION ABOUT THE THIRD PARTY

Full Name:			
Alias Name:			
Home Address:			
City:		Province:	
Country:		Postal Code:	
Date of Birth:	Day	Month	Year
Home/Cell Phone:			Citizenship:
Occupation:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed _____		
Nature of Occupation:			
Employer Name or Your Business Name: <i>(If Self-Employed)</i>			
Employer/Business Address:			
City:		Province:	
Country:		Postal Code:	
PEP Status: After referencing the information in Section B, are you (the Third Party) a Politically Exposed Person?			
<input type="checkbox"/> Yes <i>(If Yes, please complete Section B)</i> <input type="checkbox"/> No			
What is the relationship between the registered owner of the property on closing (the applicant) and the Third Party?			
<input type="checkbox"/> Agent <input type="checkbox"/> Borrower <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Trustee			
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other (specify) _____			
Additional Comments:			

IDENTIFICATION VIEWED FROM APPENDIX A

Type:		#:		Expiry:	
Name (as appears on ID):					
Applicant (print name)		Signature		Date (DD/MM/YYYY)	
Full Name of Third Party (print name)		Signature		Date (DD/MM/YYYY)	
Full Name of Closing Solicitor (print name)		Law Firm Name		Title or Position	
Signature of Closing Solicitor		Date (DD/MM/YYYY)			

This form is subject to change at any time and without notice. In order to avoid delays, please ensure you have the most current form at all times.