



THIRD PARTY INFORMATION FORM

Applicant Name(s):

Information about the third party

Full Name:						
Address:						
City:	Province:	Country:	Postal Code:			
Date of Birth:		Place of Birth:	Citizenship:			
Home #:	Work #:	Cell #:	Email:			
Occupation: Employed Self Employed Unemployed Type of occupation: _____		Employer Name or Business Name (if self-employed):				
Employer/Business Address:						
City:	Province:	Country:	Postal Code:			
What is the relationship between the registered owner of the property on closing (the applicant) and the Third Party?						
Agent	Borrower	Employee	Friend	Relative	Trustee	Power of Attorney
Other (specify): _____						
Additional Comments:						



Identification Viewed from Appendix A

Type:	#:	Expiry:
Name (as appears on ID):		
Print Full Name of Applicant:		
Signature of Applicant: X	Date:	
Print Full Name of Third Party:		
Signature of Third Party: X	Date:	
Print Full Name of Closing Solicitor:		
Law Firm Name:	Title or Position:	
Signature of Closing Solicitor: X	Date:	

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. 01/2020.