

THIRD PARTY INFORMATION FORM

APPLICANT NAME(S): _____

INFORMATION ABOUT THE THIRD PARTY :			
Full Name:			
Address:			
City:		Province:	
Country:		Postal Code:	
Date of Birth: Day _____ Month _____ Year _____		Place of Birth:	Citizenship:
Home #:	Work #:	Cell #:	Email Address:
Occupation: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed Type of Occupation: _____		Employer Name or your Business Name (if Self Employed):	
Employer/Business Address:		City:	
Country:		Postal Code:	
<p>What is the relationship between the registered owner of the property on closing (the applicant) and the Third Party?</p> <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) _____			
<p>Additional Comments:</p> <p>_____</p> <p>_____</p>			

IDENTIFICATION VIEWED FROM APPENDIX A

Type:	#	Expiry:
Name as appears on ID		Place of Issue:
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. 02/2017