## Offer Worksheet

SUITE PREFEI	RENCES					
	MODEL	I	EXPOSURE	FLOOR (please circle)		
1St Choice of	Suite			5-17/F	18-28/F	29-PH/F
2nd Choice of	Suite			5-17/F	18-28/F	29-PH/F
3rd Choice of	Suite			5-17/F	18-28/F	29-PH/F
PURCHASER(S	S) INFORMATION					
Name:		Name:				
Address:	First Middle (no initials) Last	Address:	First	Middle (no initi	als) I	ast
E-mail:	City Postal Code	— E-mail:	City		Postal Code	
Phone:		Phone:				
Phone (2):	Residential  Mobile	Phone (2):	Residential			
Occupation:		Occupation:				
S.I.N.:		S.I.N.:				
D.O.B.:		D.O.B.:	- M		V	
Type of ID:	Month Day Year  ☐ Driver's License ☐ Passport ☐ Other (please specify)	Type of ID:	☐ Passpo	Day  's License ort (please speci	Year fy)	
** Purchaser(s) must be THREE (3) deposit che	ring the following to qualify for purchase at the point of sa eques.	ale: (a) an original gover	rnment issued Photo	Identification at	time of purchas	se; (b)
CO-OPERATIN	NG BROKER & AGENT INFORMATION	ON				
Agent:		Brokerage:				
Address:		-				
E-mail:	City Postal Code	_	Affix Broker	s) Business	s Card	
Phone:		_		_,		
Phone (2):	Office Mobile					