

CLIENT INFORMATION SHEET

(Complete and fax to)

**J. AMBER GODDYN
NOTARY PUBLIC
1518 George Street
White Rock, B.C.
V4B 4A5
Tel: 604-531-2611 Fax: 604 531-8482
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FIRST PURCHASER:

- 1. NAME: _____
- 2. OCCUPATION: _____
- 3. FIRST TIME BUYER: YES/NO If yes please fill out # 4-7
- 4. BIRTH DATE: _____
- 5. SOCIAL INSURANCE NO.: _____
- 6. CURRENT ADDRESS: _____

- 7. ADDRESS FOR THE LAST 2 YEARS:

- 8. TELEPHONE: BUS: _____
 RES: _____
 EMAIL: _____
 CELL: _____

SECOND PURCHASER:

9. NAME: _____

10. OCCUPATION: _____

11. FIRST TIME BUYER: YES/NO IF YES PLEASE FILL OUT #12-15

12. BIRTH DATE: _____

13. SOCIAL INSURANCE NO.: _____

14. CURRENT ADDRESS: _____

15. ADDRESS FOR THE LAST 2 YEARS:

16. TELEPHONE: BUS: _____

RES: _____

EMAIL: _____

CELL: _____

NEW PROPERTY ADDRESS: _____

LIVE IN PROPERTY: YES/NO

DO YOU WISH TO RECEIVE A COPY OF?

1. STRATA/SUBDIVISION PLANS: YES/NO (\$20.00 EACH)

2. ALL NON-FINANCIAL CHARGES: YES/NO (\$20.00 EACH DOCUMENT)

ADDRESS TO BE SHOWN ON TITLE: _____

JOINT TENANTS: _____ TENANTS IN COMMON: _____

MORTGAGE INFORMATION:

BANK CONTACT: _____

INSURANCE INFO: _____

MANAGEMENT CO: _____

MAINTENANCE FEE: _____ PAID TO DATE: YES/NO

FEE FOR FORMS: _____

SURVEY CERTIFICATE REQUIRED: YES/NO

SURVEY CERT. ORDERED: YES/NO

REAL ESTATE COMPANY:

COMPANY NAME: _____

AGENT: _____

PHONE: _____ FAX: _____

OTHER LEGAL REPRESENTATIVE INVOLVED:

LAW FIRM: _____

SECRETARY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____