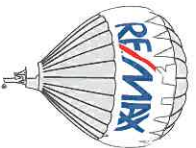


Picasso
in Richmond

Suite Reservation Request Form - Worksheet
"Exclusive PLATINUM" SELLING EVENT



DIRECT: 416.402.1040
BUS: 416.321.2228
FAX: 416.321.0002
EMAIL: sujan.shan@remax.net
www.GTArresidential.com



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BROKERAGE NAME: _____
BROKERAGE ADDRESS: _____
AGENT NAME: _____
AGENT EMAIL: _____

Please print your contact email clearly as you will be contacted via email for your unit requests.
Purchaser must bring original government issued picture ID with them at time of purchase.
Please make deposit cheques payable to **MCMILLAN BINCH LLP IN TRUST**

DATE: _____

1st Choice Suite No. _____ Sq. Ft. _____ Price _____
2nd Choice Suite No. _____ Sq. Ft. _____ Price _____
3rd Choice Suite No. _____ Sq. Ft. _____ Price _____
PURCHASER 1: _____ PURCHASER 2: _____

FULL LEGAL NAME _____ FULL LEGAL NAME _____

SIN # _____ SIN # _____

D.O.B. _____ D.O.B. _____

ADDRESS _____ ADDRESS _____

CITY/PROV. _____ CITY/PROV. _____

POSTAL CODE _____ POSTAL CODE _____

HOME: () - - HOME: () - -

OFFICE: () - - OFFICE: () - -

CELL: () - - CELL: () - -

E-MAIL: _____ E-MAIL: _____

PURCHASER'S SOLICITOR:

NAME: _____

FIRM: _____

ADDRESS: _____

TELEPHONE: () - - FAX: () - -

OFFICE USE, DO NOT WRITE BELOW THIS LINE

ASSIGNED SUITE: _____

UNIT: _____ BASE PRICE: _____

LEVEL: _____ INCENTIVES: _____

SUITE: _____ PURCHASE PRICE : _____

DEPOSITS:

1st DEPOSIT: _____ on signing Date _____

2nd DEPOSIT: _____ Balance to 5% in 30 Days Date _____

3rd DEPOSIT: _____ 5% in 180 Days Date _____

4th DEPOSIT: _____ 5% in 270 Days Date _____

5th DEPOSIT: _____ 5% in 365 Days Date _____