**PURCHASE OF A CONDOMINIUM**

**INSTRUCTION**

TO: JAY CHAUHAN

Barrister and Solicitor

330 Highway 7 East, Suite 309

Richmond Hill, Ontario

L4B 3P8

Telephone: (905) 771-1235

Facsimile: (905) 771-1237

Email: jaylawyer@hotmail.com

Please complete the following information in respect of the purchase of your property and mail or fax or call or deliver.

**Client’s Name**:

Please write the names below of the parties in whose name the property will be registered:

Husband: Date of Birth:

Wife: Date of Birth:

Your Present Address:

Office Telephone Number:

Home Telephone Number:

Facsimile Number:

Mobile Number:

E-mail Address:

**MORTGAGEE (LENDER)**

Please bring the instructions of the mortgagee (Lender) to us personally, if you can. We prefer that you do not rely on the mortgagee to send them to us, as this can cause delay.

Name of Institution:

Name of Person You are Dealing With:

Address:

Telephone Number:

Facsimile Number:

**CONDITIONS**

Is agreement conditional for financing or any other matter? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Were the conditions met? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Timely completion of the conditions will be your responsibility or that of your agent.

CLOSING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE AGENT**

Please ask your insurance agent to send us the insurance certificate by fax, showing coverage for full market value and showing the first mortgagee's interest for the value of the mortgage.

Name of your Insurance Agent:

Address of your Insurance Agent:

Telephone Number:

Facsimile Number:

**SURVEY**

We need the building location surveyed as soon as possible. Please obtain the original surveys from the agent that was delivered, not faxed. Faxed surveys will not show the distances properly. Your real estate agent should have the survey. A proper search with the municipality on zoning and by-law compliance is not possible without it.

**NAME OF OTHER SOLICITOR**

Note the name of the vendor's solicitor and address. Your agent will have this information.

Name:

Address:

Telephone Number:

Facsimile Number:

**TITLE INSURANCE**

We wish to obtain title insurance and will rely on title insurance instead of legal opinion. Title insurance covers the insurance for any title defects.

**FEES AND REPORT**

Fees will be based on the amount quoted and if there are unusual problems, additional fees will be charged. We will pick up the report personally about 2 weeks after closing. If you mail it at our request, we will be responsible for delivery and the cost of duplication if it is not received.

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Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this document has been developed for the purpose of organizing the information necessary for my matter. I understand that by filling out this form I have not retained your services. Until I have signed a Retainer Agreement pursuant to the above matter, the Law Office of Jay Chauhan is not obliged to advise or act on my matter. I understand that I can send this document by fax, email or other means but **only** if instructed to do so by your office. I understand that some of the information contained may be confidential, and should I send this to your office without instruction to do so, I cannot hold you liable by any means.