

1. REFERENCE TO PRINCIPAL FORM

This identity verification is made with regards to the form entitled:

Brokerage Contract BC - Promise to Purchase PP - Promise to lease - Residential PL -
Other: _____ pertaining to the IMMOVABLE located at the following address: _____

2. IDENTIFICATION OF BUYER, SELLER, LESSEE OR LESSOR AND HIS REPRESENTATIVE

Unusable for a transaction

NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL OF BUYER 1, SELLER 1, LESSEE 1 OR LESSOR 1 AND HIS REPRESENTATIVE, IF APPLICABLE.

NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL OF BUYER 2, SELLER 2, LESSEE 2 OR LESSOR 2 AND HIS REPRESENTATIVE, IF APPLICABLE.

2.1 The identity of the BUYER, SELLER, LESSEE or LESSOR was verified using the following document for:

BUYER 1, SELLER 1, LESSEE 1 or LESSOR 1 or his REPRESENTATIVE

- Driver's Licence
- Permanent Resident Card
- Other ID document (with photo): _____
- Health Insurance Card
- Passport

BUYER 2, SELLER 2, LESSEE 2 or LESSOR 2 or his REPRESENTATIVE

- Driver's Licence
- Permanent Resident Card
- Other ID document (with photo): _____
- Health Insurance Card
- Passport

TYPE OF DOCUMENT

Document number: _____

TYPE OF DOCUMENT

Document number: _____

PROVINCE OR TERRITORY AND COUNTRY OF ISSUANCE

EXPIRATION

Date of birth: / /
YEAR MONTH DAY

Profession or principal activity: _____

PROVINCE OR TERRITORY AND COUNTRY OF ISSUANCE

EXPIRATION

Date of birth: / /
YEAR MONTH DAY

Profession or principal activity: _____

2.2 If the BUYER, SELLER, LESSEE or LESSOR is represented, indicate:

Nature of relationship between BUYER 1, SELLER 1, LESSEE 1 or LESSOR 1 and his representative:

RELATIONSHIP TO BUYER, SELLER, LESSEE OR LESSOR (E.G. MANDATARY)

For BUYER 1, SELLER 1, LESSEE 1 or LESSOR 1, indicate:

Date of birth: / /
YEAR MONTH DAY

Profession or principal activity: _____

Nature of relationship between BUYER 2, SELLER 2, LESSEE 2 or LESSOR 2 and his representative:

RELATIONSHIP TO BUYER, SELLER, LESSEE OR LESSOR (E.G. MANDATARY)

For BUYER 2, SELLER 2, LESSEE 2 or LESSOR 2, indicate:

Date of birth: / /
YEAR MONTH DAY

Profession or principal activity: _____

This identity verification was made on _____ DATE _____ by _____ NAME OF BROKER

X
SIGNATURE OF BROKER