



DOCUMENT ORDER FORM (LAWYER/NOTARY)

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REGULAR (1 WEEK)		RUSH * Orders received after 3pm will be considered received the following business day.			
5 BUSINESS DAYS		3 OR 4 BUSINESS DAYS*	2 BUSINESS DAYS*	NEXT DAY*	
FORM F	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15 + \$35 = \$50	<input type="checkbox"/> \$15 + \$65 = \$80	NOT AVAILABLE	
FORM B	<input type="checkbox"/> \$35**	<input type="checkbox"/> \$35 + \$50 = \$85**	<input type="checkbox"/> \$35 + \$65 = \$100**	NOT AVAILABLE	

\*\* Photocopy charges for Form B attachments (25c/pg) will be added to the price of all Form B's. GST will be added to all charges on invoice.

STRATA PLAN: \_\_\_\_\_ STRATA LOT: \_\_\_\_\_ PARCEL ID: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_, FULLERTON AVENUE, NORTH VANCOUVER, BC POSTAL CODE: \_\_\_\_\_

PURPOSE:  PURCHASE  REFINANCING  OTHER \_\_\_\_\_ (e.g. ADDING OWNER)

CURRENT OWNER'S NAME(S): \_\_\_\_\_

PURCHASER'S NAME(S) as will be registered: \_\_\_\_\_

PURCHASER WILL RESIDE IN PROPERTY:  YES  NO Insurance Company: COASTAL INSURANCE – TEL: 604-944-1700

IF NO, PROVIDE NON-RESIDENT ADDRESS: \_\_\_\_\_

COMPLETION DATE: \_\_\_\_\_ POSSESSION DATE: \_\_\_\_\_  
(M) (D) (Y) (M) (D) (Y)

STRATA FEE AMOUN: \$ \_\_\_\_\_ CURRENT MONTH PAID:  YES  NO

**DOCUMENTS REQUESTED BY**

LAW FIRM / NOTARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

**TO BE SIGNED BY LAWYER OR NOTARY:**

I HEREBY CONFIRM THAT I AM AN AGENT AUTHORIZED BY THE OWNER / PURCHASER AND ENTITLED TO RECEIVE THE DOCUMENTS ORDERED. I AGREE TO PAY THE DOCUMENT FEES AS INDICATED ABOVE. FURTHER, I UNDERSTAND THAT THE PERSONAL INFORMATION OF THE OWNER / PURCHASER PROVIDED ABOVE IS FOR PURPOSES OF COMPLYING WITH LEGAL REQUIREMENTS, IDENTIFYING AND COMMUNICATING WITH THE OWNER, AND ENSURING THE ORDERLY MANAGEMENT OF THE STRATA CORPORATION. AS AN AGENT OF THE OWNER / PURCHASER, I HEREBY AUTHORIZE THE WYNFORD GROUP TO COLLECT, USE AND DISCLOSE THE PERSONAL INFORMATION DISCLOSED ABOVE FOR THESE PURPOSES.

\_\_\_\_\_  
NAME (PLEASE PRINT) SIGNATURE DATE

**LEGAL UNDERTAKING**

WE \_\_\_\_\_ UNDERTAKE TO PAY THE FOLLOWING TO THE STRATA CORPORATION:

- ARREARS \$ \_\_\_\_\_
- STRATA FEES DUE PRIOR TO CLOSING \$ \_\_\_\_\_
- CURRENT MONTH STRATA FEES AND / OR BALANCE OF SPECIAL LEVY  
IF PAYMENT DOES NOT CLEAR WITHIN 10 BANKING DAYS OF DEPOSIT  
PLUS \$25.00 POTENTIAL NSF CHARGE \$ \_\_\_\_\_
- MOVE IN / OUT FEE (PER BYLAWS & RULES) \$ \_\_\_\_\_
- OTHER \_\_\_\_\_ \$ \_\_\_\_\_

**UNDERTAKING ACCEPTED BY: (MUST BE SIGNED BY LAWYER OR NOTARY)**

\_\_\_\_\_  
NAME (PLEASE PRINT) SIGNATURE DATE