Booking request.

GLOBAL PLATINUM REALTY

Complete the shaded fields, select applicable boxes and save your copy.

PROJECT NAME

COMPLETE ALL APPLICABLE FIELDS. SIN IS OPTIONAL; LEAVE BLANK UNLESS REQUESTED.

01 / FIRST CHOICE		02 / SECOND CHOICE		03 / THIRD CHOICE	
Model		Model		Model	
Suite #		Suite #		Suite #	
Level		Level		Level	

☐ Parking ☐ Locker ☐ Investor ☐ End user

01 Purchaser information

01 / PURCHASER		02 / PURCHASER	
First name		First name	
Last name		Last name	
SIN # (optional)		SIN # (optional)	
DOB (MM/DD/YYYY)		DOB (MM/DD/YYYY)	
Address		Address	
City		City	
Postal code		Postal code	
Occupation		Occupation	
Company / business name		Company / business name	
Cell number		Cell number	
Home number		Home number	
Email address		Email address	

AGENT NAME	AGENT CELL #	AGENT'S EMAIL
Ishkaran Dhaliwal	647-233-1515	ishkaran@globalplatinumrealty.com

GLOBAL PLATINUM REALTY INC., BROKERAGE

114-7 Grand Avenue South, Cambridge, ON N1S 2L3

BROKERAGE # 647-360-5016

NOTES