THE MET APPOINTMENT OF DELEGATE FORM

PROJECT ADDRESS:					
Strata Lot:Suite No.:	_				
Suite Address:					
SECTION (I): PURCHASER'S PARTIC	ULARS				
Name:					
(Please print all purchasers' names in Off Mailing Address:	e	*			
Telephone:	_(H)	(0)		(Cell)	
Fax : Ema	ail : (REQUIRED)				
** <u>Please Provide a Daytime Address for (</u>	Courier Delivery (Hom	e or Office)			
Daytime Courier Address:					
Apartment's Enterphone Code (Buzzer #):	(For co	urier purposes)			
SECTION (II): KEY PICK-UP OPTION	S (<u>Please tick as ap</u>	propriate)			
 I (the Purchaser) hereby confirm that I If the suite is registered under a compar key package. 					
 I (the Purchaser) hereby appoint and premises and to collect the key package. 	-		-		
Name of Agent :					
Address :					
Telephone : (H)		_(0)	(Cell) Fax :		
SECTION (III): PLEASE FILL IN THE	BOTTOM PORTION	ſ			
Purchaser's Signature:		Purchaser's Name (Print	Purchaser's Name (Print):		
Date:					
Please com	plete and return by	mail or fax to: Custo	mer Care Centre		
	Fax:	(604) 899-9183			

Email: customercare@concordpacific.com

Mail To: ATTN: CONCORD MET PROJECT LIMITED PARTNERSHIP

9thFloor – 1095 West Pender, Vancouver, B.C. V6E 2M6