

PROJECT: MET 2

Strata Lot: ___ Suite No.: ___

SECTION (I): PURCHASER'S CONTRACT CORRESPONDENCE ADDRESS

If the following printed Contract Correspondence Address or other contact information you may need to make changes before closing, please complete the attached "Address Change Request Form" and email to Cecily.Huang@concordpacific.com for our update as soon as possible.

Name (all purchasers' names in Contract): - _____ / _____ / _____

Contract Correspondence Address: _____

SECTION (II): INSPECTION OPTIONS (Please tick as appropriate)

() I (the Purchaser) hereby confirm that I will personally inspect the above mentioned premises during the time of the inspection period. If the suite is registered under a company name, the following officer _____, will carry out the inspection of the above mentioned premises.

Email(s): (1) _____ (2) _____

Telephone(s): (1) _____ (2) _____ (3) _____

() I (the Purchaser) hereby appoint and authorize the following person to act as my agent to inspect the above mentioned premises during the time of the inspection period. I fully understand that only upon presentation of appropriate identification will the agent be allowed to enter the premises to perform inspection duties.

Name of Agent: _____

Email(s): (1) _____ / (2) _____

Telephone(s): (1) _____ (2) _____ (3) _____

SECTION (III): KEY PICK-UP OPTIONS (Please tick as appropriate)

() I (the Purchaser) hereby confirm that I will personally assume possession of the above mentioned premises and collect the key package. If the suite is registered under a company name, the following officer, _____, will pick up the key package.

Email(s): (1) _____ (2) _____

Telephone(s): (1) _____ (2) _____ (3) _____

() I (the Purchaser) hereby appoint and authorize the following person to act as my agent to assume possession of the above mentioned premises and to collect the key package. I fully understand that only upon presentation of appropriate identification will the agent be allowed to collect the key package.

Name of Agent: _____

Email(s): (1) _____ / (2) _____

Telephone(s): (1) _____ (2) _____ (3) _____

SECTION (IV): PLEASE FILL IN THE BOTTOM PORTION

Purchaser's Signature: _____ Purchaser's Name (Print): _____

Date: _____

Please complete and return by Email, Mail or Fax to: Customer Care Centre

Email: customercare@concordpacific.com

Mail: ATTN: Concord Met 2 Limited Partnership

9th Floor – 1095 W. Pender Street, Vancouver, BC V6E 2M6

Fax: (604) 899-9183

Date Received –