

# SUITE INSPECTION REQUEST FORM

## PROPERTY ADDRESS:

Building Name: \_\_\_\_\_

Strata Lot: \_\_\_\_\_ Suite No.: \_\_\_\_\_

Address: \_\_\_\_\_

## SECTION (I): PURCHASER'S PARTICULARS

Name: \_\_\_\_\_  
(Please print all purchasers' names in Offer To Purchase And Agreement Of Sale)

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Cell)

Fax : \_\_\_\_\_ Email : (REQUIRED) \_\_\_\_\_

## 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.

( ) 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 : \_\_\_\_\_

Address : \_\_\_\_\_ Email : \_\_\_\_\_

Telephone : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Cell) Fax : \_\_\_\_\_

## 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.

( ) 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 : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Cell) Fax : \_\_\_\_\_

## SECTION (IV): PLEASE FILL IN THE BOTTOM PORTION

Purchaser's Signature: \_\_\_\_\_ Purchaser's Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return by email or fax to: Customer Care Centre

**Fax: (604) 899-9183**

**Email: [customercare@concordpacific.com](mailto:customercare@concordpacific.com)**

Date Received –