



**CondoSmart Inc.**  
323 Silver Valley Blvd NW,  
Calgary, Alberta T3B 4B7

**Phone:** (403) 247-2802  
**Fax:** (403) 247-7560  
**Email:** [condosmart@condosmart.net](mailto:condosmart@condosmart.net)  
**Website:** <http://www.condosmart.net>

DATE:	
PLEASE FAX FULL APPLICATION TO:	(403) 247-7560
ATTENTION:	DOCUMENT REVIEW DEPARTMENT

TOTAL PAGES (INCLUDING FAX COVER PAGE):	6
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Forwarding for Plan Number: \_\_\_\_\_ Clients: \_\_\_\_\_

- Documents (check sheet 1)
- Client and Agents Information (check sheet 2)
- Client Waiver (check sheet 3)
- Payment Information (check sheet 4)

Please note – we **will not open** a file until we have received ALL of the above information.

We require **two full business** days to complete the report and **two full business** days following to meet with the client. Appointments are not scheduled until we receive the documents we deem necessary to complete a beneficial report. Agents are advised that because questions often arise from the client meeting, we feel some time should be made available for follow up. We therefore strongly suggest the condition date not fall on a weekend or holiday and at least a grace of one business day be given between the client meeting and the condition date. Moving the condition date may be necessary. To accommodate this flexibility, **it is suggested that the conditions read: 5 business days from the receipt of ALL requested documents.**



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**Plan Number:** \_\_\_\_\_ **Legal Unit #:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Condition Date:** \_\_\_\_\_

### PROPERTY INFORMATION

**MLS #:** \_\_\_\_\_ **OCP / CC #:** \_\_\_\_\_

**Legal Unit Number:** \_\_\_\_\_ **Unit Factor:** \_\_\_\_\_

**Municipal Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **PC:** \_\_\_\_\_

**Purpose of Purchase:** Primary Residence: \_\_\_\_\_ Revenue Property: \_\_\_\_\_

**Does the purchase include:** Assigned Parking: \_\_\_\_\_ Assigned Storage: \_\_\_\_\_

Titled Parking: \_\_\_\_\_ Titled Storage: \_\_\_\_\_

### CLIENT INFORMATION

**Client(s) Name:** \_\_\_\_\_

**Home/Cell Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### AGENT INFORMATION

**Purchasers Agent:** \_\_\_\_\_ **Brokerage:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_ / \_\_\_\_\_



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**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Sellers Agent:** \_\_\_\_\_ **Brokerage:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_ / \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Management Company Name:** \_\_\_\_\_

**or self managed:** \_\_\_\_\_



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### CLIENT WAIVER

**Date:** \_\_\_\_\_ **OCP / CC #:** \_\_\_\_\_

**Municipal Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **PC:** \_\_\_\_\_

**Legal Unit Number:** \_\_\_\_\_ **Client(s):** \_\_\_\_\_

It is acknowledged that:

1. This examination of the documents for the above condominium corporation does not include a physical visit to the site.
2. Any conclusions or comments revealed on examination of the documents are in no way or at any time, in whole or in part, to be considered or interpreted as a legal opinion as to the viability of the purchase or as an opinion of value.
3. The facts presented are based on the information contained in the documents provided as at this date. All information provided is subject to the reliance of the group of documents received and presented by the seller and the Corporation. Condo-Smart Inc. assumes no liability for reliance of the information provided.
4. Disbursements for additional documentation required or requested is at the cost of the client and will be added to the invoice for the service.
5. You are advised that this examination is intended as information only. For a legal opinion, you are advised to seek legal counsel.
6. CondoSmart Inc., abides by the current Privacy and Information laws of the Province of Alberta.

By signing I (we) acknowledge that we have read and understood the above and agree that we will pay the charges issued.

**Client:** \_\_\_\_\_ **Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client:** \_\_\_\_\_ **Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment due on receipt of the report. To activate file, please return this waiver.**