

OWNER(S) REGISTRATION FORM FOR FRONTDESK DATA INPUT INAUGRAL – 16 YONGE STREET

IN ORDER FOR US TO UPDATE OUR RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION..

| SUITE NO: | DATE: | | |
|---|----------------------------------|------------|--|
| ADDRESS: | ENTERPHONE NO: | | |
| NAME OF REGIST | TERED UNIT OWNER(S) | | |
| SURNAME: | FIRST NAME: | | |
| SURNAME: | FIRST NAME: | | |
| ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE) | | | |
| Street & Number Suite No. | City Province | Postal Cod | |
| TELEPHONE NO: (H) () | (B) () | | |
| E MAIL ADDRESS: | | | |
| CELL PHONE: | | | |
| | INFORMATION | | |
| STIDNIA ME. | FIRST NAME: | | |
| DUIND/AUGIC. | | | |
| | | | |
| SURNAME: | FIRST NAME: | | |
| SURNAME: SURNAME: | FIRST NAME: | | |
| SURNAME: SURNAME: FELEPHONE (H): () | FIRST NAME: FIRST NAME (B): () | | |
| SURNAME: SURNAME: TELEPHONE (H): () EMAIL ADDRESS | FIRST NAME: FIRST NAME (B): () | | |
| SURNAME: SURNAME: TELEPHONE (H): () EMAIL ADDRESS CELL PHONE () | FIRST NAME: FIRST NAME (B): () | | |
| SURNAME: SURNAME: TELEPHONE (H): () EMAIL ADDRESS CELL PHONE () NAME TO BE LISTED IN "FRONT DESK": | FIRST NAME: | | |

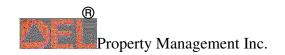
| A. LOCKER NO: | LEVEL: | | |
|-------------------------------|-------------------------|------------------------------|-----------------------------|
| B. PARKING SPACE: | LEVEL:(| COLOUR/TYPE OF VEHICLE | LIC.NO: |
| PARKING SPACE: | LEVEL:C | COLOUR/TYPE OF VEHICLE | LIC.NO: |
| **C. <u>GREY FOBS / GARAG</u> | E FOBS/ KEYS IN YO | UR POSSESSION: | |
| LOCKER/BICYCLE ROC | <u>OM</u> : [] YES | IO IF "YES", HOW MANY: | |
| HOW MANY COMMON | N AREA KEY(S) | SUITE KEY(S) | MAILBOX KEY(S) |
| SERIAL # ON YOUR FO | BS (IF STILL VISIBLE): | | |
| SERIAL # ON YOUR GA | RAGE REMOTE: | | |
| D. HANDICAP ASSISTANC | E REQUIRED: [] Y | ES [] NO | |
| IF "YES" PLEASE LIST S | PECIAL REQUIREMEN | ΤS: NAME: | |
| HANDICAP: | | | |
| E. DO YOU HAVE PETS? [|] YES [] NO; | | |
| IF "YES", TYPE & DESCRIP | TION: | | |
| NAME: | PIC | TURE PROVIDED TO MANAGE | MENT OFFICE: [] YES [] NO |
| IF NOT, PLEASE PROVIDE | ONE. (PICTURE TO BE | E KEPT ON FILE IN THE OFFICE |) |
| COPY OF LICENCE # (IF AI | PPLICABLE) | | |
| F. ARE YOU ABSENT DUR | ING ANY PART OF THE | EYEAR? [] YES | [] NO |
| IF "YES", HOLIDAY ADD | PRESS | | |
| | | | |
| | | | |
| | PHONE NO: | | |
| G. EMERGENCY CONTAC | | | |
| | , | | |
| TEL. NO.: (H) ()_ | | (B) () | |
| NAME: | | RELATIONSHIP: | |
| TEL. NO.: (H) ()_ | | (B) () | |
| | | RGENCY? | |
| ORIGINAL LOCK YE | S NO | OLD LOCK YES | NO |
| IF NEW LOCK, HAS KEY I | BEEN GIVEN TO THE (| OFFICE? YES | NO |

IF YOU ARE A TENANT, PLEASE COMPLETE THE SECTION BELOW.

TENANT'S ACKNOWLEDGEMENT

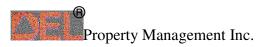
I hereby acknowledge and agree that I, the members of my household, and my guests, invitees, licenses, from time to time, will in using the unit rented by me, and the common elements, comply with the provisions of the "CONDOMINIUM ACT", the Declaration, By-laws, Management Agreement, service agreements, and other agreements, and all rules and regulations of the Condominium Corporation (the Rules), during the term of the Tenancy Agreement and my tenancy, and will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act and any amendments thereto.

| WITNESS WHEREOF, this | day of | | _, Year |
|-----------------------|--------|------------|---------|
| in the City of | | | |
| Witness | | Tenant | |
| | | | |
| Witness | | Tenant | |



WAIVER

| SUITE ENTRY: | | | |
|--|--|---|---------------------|
| agents and employees to business. Corporation bu exterior of the building, | o enter my suite fron siness includes semi-a investigation of leak | do hereby authorize <u>TSCC 1788</u> and its duly authorn time to time, when necessary to carry out the Corporation nual fan coil maintenance, annual fire inspections, repairs to s, loss of keys and other causes as may be required. I he ed agents and employees from any present or future liability | on's the reby |
| PARCEL DELIVERY | | | |
| agents and employees to | accept small package duly authorized agents | do hereby authorize <u>TSCC 1788</u> and its duly authors, which must be signed for, on my behalf. In so doing I reles and employees from any present or future liability should | ease |
| These releases are in effe | ect until I notify <u>TSC</u> | CC 1788 in writing to the contrary. | |
| Witness | _ | Signature | |
| Date | | Date | |



PET REGISTRATION FORM OF TSCC 1788 (TOWER A)

| RESIDENT'S NAME: | | |
|--|------------------------------|------|
| SUITE #: | | |
| TELEPHONE #: | | |
| | | |
| NAME OF PET: | | |
| | | |
| | | |
| | | |
| COLOUR(S): | | |
| AGE: | | |
| HOW MANY CAT(S)/DOG(S)/ (please circle one which is applic | cable) | |
| LICENSE #: | EXPIRY DATE: | |
| VET'S NAME (OPTIONAL): _ | (MM/DD/YY) | |
| VET'S PHONE # (OPTIONAL) | : | |
| RESIDENT'S SIGNATURE: | | |
| DATE: | | |
| PHOTO PROVIDED TO THE M | MANAGEMENT OFFICE: [] YES [|] NO |