

STATUS CERTIFICATE REQUEST FORM

** Please print clearly.

Status Certificate Requested by:

Telephone: _____ Digital Copy to be Sent Via E-Mail: _____

Corporation No.: _____

Complete Property Address: _____

Status Certificate is required for: **SALE** **FINANCING**
(Please check reason for request)

Vendor: _____

Purchaser: _____

Closing Date: ___/___/___
(if available)

Date: ___/___/___ Signature: _____

Updated: February 2017

Payment: Certified Cheque/Money Order Visa MasterCard

The fee to complete a status certificate is \$100.00. If you are sending this via email, the signature can be an electronic signature. To do so, type your legal name followed with an asterisk (*). The * refers to a comment of "Executed Pursuant to the Electronic Commerce Act (Ontario)." You can confirm this with your legal advisor.

Acceptable forms of payment include:	Certified Cheque or Money Order made payable to <i>Maple Ridge Community Management Ltd.</i>
	Visa or MasterCard (Additional processing fee of \$30.00)

We do not accept VISA DEBIT

In accordance with the *Condominium Act*, our office has 10 days to produce the status certificate package upon receipt of the written request and payment. Once the status package is ready, we will email the digital link to you at the email address provided on this form. Please be advised that your lawyer is required to provide us with a legal ownership change upon closing of the unit.

1. Fax your completed form(s) to fax# (905) 507-6722 or
2. Email your completed form(s) to status@mrcm.ca

RUSH STATUS REQUEST:

If you require a status certificate faster than the 10 days, the fee is \$220.00 and it will be completed within 5 days upon receipt of written request and payment.

TERMS AND CONDITIONS

1. For RUSH status requests received after 13:00, they will be processed the next business day. Hence, the 5-day timeframe will begin the next business day if requests are received after 13:00.
2. For credit card payments, the 5-day (for rush requests)/ 10-day (for normal requests) timeframe will begin when payment has been processed.



STATUS CERTIFICATE CREDIT CARD PAYMENT



PAYMENT AUTHORIZATION
We do not accept VISA DEBIT

Unit #: _____

Corporation Name: _____

Unit Street Address: _____

Email receipt should be sent to: _____

Phone #: _____

I authorize **MRCM** to process a payment of _____ on my credit card outlined below.
Please note there is a \$30 processing fee.

Signature

____/____/____
Date

VISA

MASTERCARD

Credit Card #: _____ Expiry Date: ____/____ CVV2/CVC2: _____

Name on Card: _____

Billing Address: _____, _____, _____, _____
Street City Province Postal Code

If you are sending this via email, the signature can be an electronic signature. To do so, type your legal name followed with an asterisk (*).
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INTERNAL OFFICE USE ONLY

Approval Code: _____ Date Processed: _____ Processed by: _____