

Real Estate Refinance/Mortgage Form

Congratulations on negotiating a new mortgage! Open Door Law's legal counsel are experienced and ready to assist with your financing. Please complete our Real Estate Refinance/Mortgage Form as thoroughly as possible and our lawyer and/or paralegal team will contact you to discuss the transaction.

PLEASE PRINT CLEARLY. Fields marked with * are required

Estimated Closing Date:

Property Being Refinanced:

| | | |
|-------------------|-------------|----------------|
| Street Address: * | | |
| City: * | Province: * | Postal Code: * |

A. Current Registered Owner(s)

Please use full legal names of all persons purchasing the property (**do not use initials**). Your names must be the same as your passport or drivers license.

First Owner: Mr. Mrs. Ms. Dr.

| | | |
|----------------|--------------|--------------|
| First Name: * | Middle Name: | Last Name: * |
| Date of Birth: | | |
| Phone: * | Email: * | |

Second Owner: Mr. Mrs. Ms. Dr.

| | | |
|----------------|--------------|--------------|
| First Name: * | Middle Name: | Last Name: * |
| Date of Birth: | | |
| Phone: * | Email: * | |

B. Current Mortgage Information

Is there a mortgage currently on title that we will be discharging? Yes No

If yes, please complete the following:

| | |
|----------------------------|-----------------------------------|
| Name of Bank/Lender: | |
| Branch Address: | |
| Mortgage Reference Number: | Approx. Balance Outstanding (\$): |

C. New Mortgage Information

| | |
|--------------------------|----------|
| Name of Banker/Broker: * | |
| Contact Name: * | |
| Phone: * | Email: * |

D. Additional Information

This property is a: Condominium House/Single Dwelling

If the property is a **condominium**, please provide the following information:

| | |
|----------------------|-----------------------|
| Strata Company Name: | Strata Company Phone: |
|----------------------|-----------------------|

If the property is a **house or single dwelling**, please provide the following information:

| | |
|----------------------------|-------------------------|
| Your Insurance Agent Name: | Insurance Company Name: |
| Phone: | Fax: |

Additional Comments (if any):

| |
|------------------|
| |
|------------------|

Required Consent and Agreement *

I consent to Open Door Law Corporation's Privacy Policy and Terms of Use Disclaimer (www.opendoorlaw.com/privacy-disclaimer).