



Application Sequence Number Application Sheet Count

[Empty input boxes for Application Sequence Number and Application Sheet Count]

Application for Transmission

Title or Sequence Number

[Empty input box for Title or Sequence Number]

Transmission To:

- Personal Representative
- Trustee in Bankruptcy (Ordinary)
- Trustee in Bankruptcy (Summary)

New Title Value

[Empty input box for New Title Value]

(New Title Value represents this title's share in the parcel)

Deceased or Bankrupt

Client Number

[Empty input box for Client Number]

Client Name (First, Second, Third and Last)

[Empty input box for Client Name]

For each new Personal Representative or Trustee in Bankruptcy complete one of Section A or B (Corporation must complete Section A)

Section A - Personal Representative(s) or Trustee(s) with Client Number(s)

Note: Use Client Application or Change of Name form to amend Client Information. Do NOT include in Packet.

Client Number(s)

[Empty input box for Client Number(s)]

Corporation Name OR Client Name (First, Second, Third and Last)

[Empty input box for Corporation Name OR Client Name]

Section B - Personal Representative(s) or Trustee(s) without Client Number(s)

Note: This will not create Corporation Number(s)

Client Name: Last

[Empty input box for Client Name: Last]

First

[Empty input box for Client Name: First]

Second

[Empty input box for Client Name: Second]

Third

[Empty input box for Client Name: Third]

Phone Number (include Area Code)

[Empty input box for Phone Number]

Client Address

[Empty input box for Client Address]

City

[Empty input box for City]

Province/State

[Empty input box for Province/State]

Country (if outside Canada)

[Empty input box for Country]

Postal/Zip Code

[Empty input box for Postal/Zip Code]

E-mail Address

[Empty input box for E-mail Address]

Fax Number (include Area Code)

[Empty input box for Fax Number]

Client Name: Last

[Empty input box for Client Name: Last]

First

[Empty input box for Client Name: First]

Second

[Empty input box for Client Name: Second]

Third

[Empty input box for Client Name: Third]

Phone Number (include Area Code)

[Empty input box for Phone Number]

Client Address

[Empty input box for Client Address]

City

[Empty input box for City]

Province/State

[Empty input box for Province/State]

Country (if outside Canada)

[Empty input box for Country]

Postal/Zip Code

[Empty input box for Postal/Zip Code]

E-mail Address

[Empty input box for E-mail Address]

Fax Number (include Area Code)

[Empty input box for Fax Number]