ISC

Application Sequence Number   Application Sheet Count

Application for Transmission

Title or Sequence Number

Transmission To:

☐ Personal Representative

☐ Trustee in Bankruptcy (Ordinary)

☐ Trustee in Bankruptcy (Summary)

New Title Value

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

Deceased or Bankrupt

Client Number

Client Name (First, Second, Third and Last)

**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)

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

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

Note: This will not create Corporation Number(s)

Client Name: Last   First   Second   Third   Phone Number (include Area Code)

Client Address   City   Province/State   Country (if outside Canada)   Postal/Zip Code

E-mail Address   Fax Number (include Area Code)

Client Name: Last   First   Second   Third   Phone Number (include Area Code)

Client Address   City   Province/State   Country (if outside Canada)   Postal/Zip Code

E-mail Address   Fax Number (include Area Code)

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