

**REQUEST FOR INFORMATION TO THE SYNDICATE OF CO-OWNERS**

Date: \_\_\_\_\_

Name and address of syndicate: \_\_\_\_\_

					NAME
NUMBER	STREET	APARTMENT	CITY	PROVINCE	POSTAL CODE

As part of carrying out brokerage contract BCD- [ ] [ ] [ ] [ ] [ ] concerning the immovable identified below, please send the following information, to the best of your knowledge, along with any document(s) required, to:

\_\_\_\_\_  
NAME OF REAL ESTATE BROKER AND ADDRESS OF AGENCY, IF APPLICABLE

**1. IDENTIFICATION OF IMMOVABLE HELD IN DIVIDED CO-OWNERSHIP**

Address of immovable:

NUMBER	STREET	CITY	PROVINCE	POSTAL CODE
--------	--------	------	----------	-------------

Name of owner(s): \_\_\_\_\_

**2. OWNER AUTHORIZATION**

We hereby authorize the syndicate to disclose to \_\_\_\_\_  
NAME OF AGENCY OR BROKER ACTING ON HIS OWN ACCOUNT

or their representative, if applicable, any information concerning the immovable identified above.

\_\_\_\_\_  
SIGNATURE OF OWNER 1

\_\_\_\_\_  
SIGNATURE OF OWNER 2

**3. INFORMATION REQUIRED**

3.1 What is the amount of monthly common expenses for each fraction sold? \$ \_\_\_\_\_

3.2 At what date were the common expenses last paid and what period is covered by this payment?

DATE	PERIOD COVERED
------	----------------

3.3 Are there outstanding monthly charges regarding the fraction(s) being sold?  no  yes

If so, what is the amount of these outstanding charges? \$ \_\_\_\_\_

If so, do these outstanding charges carry interest?  no  yes

If so, at what rate? \_\_\_\_\_ %

3.4 Have any contributions been voted but not yet due, or are such contributions expected?  no  yes

If so, what is the amount of these contributions? \$ \_\_\_\_\_

If so, when are these contributions due? \_\_\_\_\_  
DATE

3.5 What is the current amount in the contingency fund? \$ \_\_\_\_\_ as of \_\_\_\_\_  
DATE

3.6 Is an operating deficit expected for the current fiscal year?  no  yes

If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5520A (V2 03/2012)

