

**REQUEST FOR MORTGAGE FUNDS
CONFIRMATION OF MORTGAGE REGISTRATION**

**This form must be fully completed and sent to Scotiabank prior to disbursement of the mortgage funds.
THREE (3) BUSINESS DAYS NOTICE IS REQUIRED.**

To:	Scotiabank Central Mortgage Unit	From:	
Address:	10 Wright Boulevard, PO Box 1122 Stratford, ON N5A 7X9	Address:	
Phone:	1-800-567-1331	Phone:	
Fax:	1-844-696-7442	Fax:	

Mortgage Number: _____ Closing Date: _____

Borrower(s) _____

Property Address: _____

REQUEST FOR MORTGAGE FUNDS

Please disburse the funds for the above referenced mortgage as follows:

- Cheque to be sent to the branch noted on the instructions.
- Direct deposit to my Trust Account as per the *Scotia* Direct Deposit Enrollment Agreement

OR

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No funds required/ to be disbursed internally/ credit line to be activated.

The mortgage was registered on _____; Registration Number is _____.

OR

A lender's policy of title insurance obtained from _____; Policy number _____.

OR

Closing under Western Law Societies' Conveyancing Protocol.

I certify that:

I will not advance the funds, in whole or in part, until all terms and conditions, as set out in the Requisition, capable of fulfillment prior to the advance of funds have been fulfilled and, where required, supporting documentation has been obtained.

OR

All terms and conditions, as set out in the Requisition, have been fulfilled and, where required, supporting documentation has been obtained.

AND

I will be able to provide the standard Solicitor's/Notary's Report on Title, without amendment, as applicable, within 30 days after the final advance is made.

Name of Solicitor/Notary: _____

Name of Firm: _____

Solicitor's/Notary's Signature _____ Date _____