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	From:
	Retail Service Centre	
Address:	10 Wright Blvd Stratford, On N4Z 1H3	Address:
Phone:	1-800-567-1331	Phone:
Fax:	1-844-696-7442	Fax:
Mortgage Number: Closing Date:		
Borrower(s) _		
Property Addre	PSS:	
		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 <i>Scotia</i> Direct Deposit Enrollment Agreement		
OR		
		NFIRMATION OF MORTGAGE REGISTRATION
No funds required/ to be disbursed internally/ credit line to be activated.		
The mortgage was registered on		
OR		
A lend	der's policy of title insurance obtained f	rom; Policy number
OR		
Closin	ng under Western Law Societies' Conve	yancing Protocol.
I certify th	at:	
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/Not	ary's Signature	Date