



**Day + Borg LLP**  
Barristers & Solicitors  
93 Queen Street South  
Mississauga, ON L5M 1K7  
Tel: 905.826.5670 Fax: 905.826.5673  
Web: [www.dayborg.com](http://www.dayborg.com)  
Reply to: Michael J. Day ext. 222  
[mday@dayborg.com](mailto:mday@dayborg.com)

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Dear Client:

We have received mortgage instructions/broker instructions for your refinance. The closing date you set up with the bank/lender is a tentative closing date and there is a chance this mortgage will not close on that day. In order for us to get started on your file, please forward the following:

1. Existing mortgage information (ie. mortgage number, financial institution and contact information);
2. Your most recent property tax bill from the City; and
3. Property insurance details so that we may order a binder letter from your insurance provider.

\*\*\* If your property is a condominium, please obtain a current Insurance Certificate from the condominium management office. Please request this as soon as possible as it may take up to 10 days to receive. \*\*\*

Your mortgage will close approximately 10 days after receiving this information from you and the full mortgage instructions from the bank.

If you have any questions or concerns, please do not hesitate to contact the office.

Thank you,

**DAY + BORG LLP**

*Michael Day*

**Michael J. Day**



93 Queen Street South  
Mississauga, ON L5M 1K7  
Tel: 905-826-5670 Fax: 905-826-6077

**NEW MORTGAGOR(S) INTAKE FORM**

Address of property being mortgaged: \_\_\_\_\_

Closing date of this transaction: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

**\*\*If this is a condominium, we will require an up-to-date Status Certificate\*\***

Who referred you to our firm?

- Current Client                       Family Friend  
 Prepaid Legal Assistance Plan       Former Client of Richard T. Bennett  
 Website / Noticed Office Location     Other: \_\_\_\_\_

Do you currently reside at this property?                       Yes  No

Will there be a Transfer of Title?                                       Yes  No

If yes, who will be the new owners of the property?: \_\_\_\_\_

Will there be any bills/debts to be paid on closing?       Yes  No

**\*\*If yes, please provide copies of the most recent bills/statements\*\***

(1) Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)    Spouse's Name: \_\_\_\_\_

Marital Status:               Married    Separated    Divorced    Widowed    Single  
 Common-Law – How many years have you lived together? \_\_\_\_\_  
Is this your matrimonial home?  Yes  No

Are you a resident of Canada?:    Yes  No

Place of Employment: \_\_\_\_\_                      Position: \_\_\_\_\_

Work Address: \_\_\_\_\_  
*Street No., Street Name, Unit No., City, Province, Postal Code*

\_\_\_\_\_

**Current Address:** \_\_\_\_\_  
*Street No., Street Name, Unit No., City, Province, Postal Code*

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**(2) Full Name:** \_\_\_\_\_  Male  Female

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) **Spouse's Name:** \_\_\_\_\_

**Marital Status:**  Married  Separated  Divorced  Widowed  Single  
 Common-Law – How many years have you lived together? \_\_\_\_\_  
Is this your matrimonial home?  Yes  No

**Are you a resident of Canada?:**  Yes  No

**Place of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
*Street No., Street Name, Unit No., City, Province, Postal Code*

**Current Address:** \_\_\_\_\_  
*Street No., Street Name, Unit No., City, Province, Postal Code*

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**New Mortgagee (Lender) Information:**

**\*\*Please ensure the mortgage lender is aware we are acting on your behalf and instructions are sent to our office at least 10 business days prior to closing\*\***

Lender Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mortgage Broker: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Existing Line of Credit / Mortgage / Loan Information (Please include all loans secured on title):**

Name of Lender: \_\_\_\_\_

Reference / Account #: \_\_\_\_\_

Lender Address: \_\_\_\_\_

*Street No., Street Name, Unit No., City, Province, Postal Code*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Home Owners Insurance Information:**

Name of Insurance Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Corporate Information: (if applicable)**

**If the owner is an incorporated entity, please provide details.**

Corporation Name: \_\_\_\_\_

Signing Officer's Name: \_\_\_\_\_

Signing Officer's Title: \_\_\_\_\_

**CLIENT CONSENT**

I/We, \_\_\_\_\_, hereby confirm that:

- a) Day + Borg LLP has been asked to act for both or all parties involved in our purchase/sale/mortgage transaction.
- b) No information received in connection with the matter, from one party can be treated as confidential so far as any of the others are concerned; and
- c) That, if a conflict develops, which cannot be resolved, Day + Borg LLP cannot continue to act for all parties and may have to withdraw completely.

Dated at \_\_\_\_\_ (City) this \_\_\_\_ day of \_\_\_\_\_ (Month), 20\_\_\_\_.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

**CLIENT MORTGAGE CONSENT FORM**

This form authorizes \_\_\_\_\_ (Name of Financial Institution)  
to release confidential mortgage information to my solicitors, Day + Borg LLP.

Once signed and submitted to the financial institution named above, this authorization will be in place  
until such time as a separate form is received to cancel this authorization.

**CLIENT IDENTIFICATION**

Name: \_\_\_\_\_

Mortgage Property: \_\_\_\_\_

Mortgage Reference No.: \_\_\_\_\_

Phone No.(s): \_\_\_\_\_

**SOLICITOR IDENTIFICATION**

Name/Firm: Michael J. Day, David J. Borg and Sanitha M. Miranda  
Day + Borg LLP

Address: 93 Queen Street South  
Mississauga, ON L5M 1K7

Phone: 905-826-5670

Facsimile: 905-826-6077

**AUTHORIZATION**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date