

TRIONPHE PHASE I

OWNER(S) REGISTRATION FORM

IN ORDER FOR US TO COMPLETE OUR OCCUPANCY RECORDS, PLEASE FILL IN THE FOLLOWING AND RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE. THANK YOU FOR YOUR COOPERATION.

(PLEASE PRINT CLEARLY)

SUITE NO.: _____

DATE: _____

HOW MANY LIVES IN THE SUITE? _____

NAME OF REGISTERED UNIT OWNER(S)

SURNAME: _____ FIRST NAME _____

SURNAME: _____ FIRST NAME _____

ADDRESS: (IF DIFFERENT FROM SUITE NO. ABOVE)

Number & Street _____ Suite No. _____ City _____ Province _____ Postal _____

TELEPHONE NO. (H): () _____ (B): () _____

CELL PHONE: () _____ CELL PHONE: () _____

EMAIL ADDRESS: _____ (B): _____ [] Please do not include me in your emailing system

[] I wish to receive emails about the building.

*IMPORTANT! IF YOU WANT ACCESS TO BUILDING WEBSITE & TO RECEIVE EMAIL NOTIFICATIONS ABOUT YOUR PARCELS, AS WELL AS IMPORTANT NEWS ABOUT YOUR BUILDING SUCH AS WATER SHUT DOWNS, *PLEASE EMAIL trionphe@delconida.com IF YOU WISH TO UNSUBSCRIBE AND NOTE THAT OUR STAFF WILL ONLY BE COMMUNICATING WITH YOU VIA TELEPHONE. MAILBOX CORRESPONDENCE AND ON SITE NOTICES: Please check one of the boxes above if you agree or do not agree to be included in the building's emailing system.*

RESIDENT INFORMATION

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME: _____

SURNAME: _____ FIRST NAME _____

OTHER NAMES: _____

TELEPHONE (H): () _____ (B): () _____

CELL PHONE: () _____ CELL PHONE: () _____

EMAIL ADDRESS _____ (B) _____ [] Please do not include me in your emailing system

[] I wish to receive emails about the building.

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NAME TO BE LISTED ON DIRECTORY BOARD: _____

MOVE-IN DATE: _____

TRIUMPH PHASE 1

A. LOCKER NO: _____ LEVEL: _____ LOCKER NO: _____ LEVEL: _____

B. PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____
LICENCE PLATE NO: _____

PARKING SPACE: _____ LEVEL: _____ COLOUR/TYPE OF VEHICLE _____
LICENCE PLATE NO: _____

C. HANDICAP ASSISTANCE REQUIRED: [] YES [] NO
PERSON'S NAME _____

PLEASE LIST SPECIAL REQUIREMENTS: _____

D. DO YOU HAVE PETS? [] YES [] NO

IF "YES", TYPE & DESCRIPTION: _____

(PICTURE TO BE KEPT ON FILE IN THE OFFICE)

E. EMERGENCY CONTACT: (FAMILY/CLOSE FRIEND)

NAME: _____ RELATIONSHIP: _____

TEL. NO.: (H) () (C) () (B) ()

NAME: _____ RELATIONSHIP: _____

TEL. NO.: (H) () (C) () (B) ()

ORIGINAL LOCK YES _____ NO _____ NEW LOCK YES _____ NO _____

IF NEW LOCK, HAS KEY BEEN GIVEN TO THE OFFICE? YES _____ NO _____

REMOTE CONTROL NUMBERS: _____

FOB NUMBERS: _____

TRANSPONDER NUMBERS: _____

PLEASE PROVIDE MANAGEMENT OFFICE WITH A COPY OF YOUR UNIT INSURANCE



TRIOMPHE PHASE 1

IF YOU ARE A TENANT, PLEASE COMPLETE THE SECTION BELOW:

TENANT'S ACKNOWLEDGEMENT

I hereby acknowledge and agree that I, the members of my household, and my guests, invitees, licensees, from time to time, will in using the unit rented by me, and the common elements, comply with the provisions of the "CONDOMINIUM ACT", the Declaration, By-laws, Management Agreement, service agreements, and other agreements, and all rules and regulations of the Condominium Corporation (the Rules), during the term of the Tenancy Agreement and my tenancy, and will be subject to the same duties imposed by the Rules as if I were a unit owner, except for the payment of common expenses, unless otherwise provided by the Condominium Act and any amendments thereto.

WITNESS WHEREOF, this _____ day of _____, Year _____
in the City of _____

Witness

Tenant

Witness

Tenant

PLEASE PROVIDE MANAGEMENT WITH A COPY OF YOUR LEASE

TRIOMPHE – PHASE 1

WAIVERS

SUITE ENTRY:

I, _____ of Suite # _____ do hereby authorize

Print Name

Additional Names

Del Property Management and its duly authorized agents and employees to enter my suite from time to time, when necessary to carry out the Corporation's business. Corporation business includes semi-annual fan coil maintenance, annual fire inspections, repairs to the exterior of the building, investigation of leaks, and other causes as may be required. I hereby release Del Property Management and its duly authorized agents and employees from any present or future liability for such entry or entries.

PARCEL DELIVERY

I, _____ of Suite # _____ do hereby authorize

Additional Names

Del Property Management and its duly authorized agents and employees to accept small packages and/or envelopes, which must be signed for, on my behalf. In doing so, I release Del Property Management and its duly authorized agents and employees from any present or future liability should the packages be lost, stolen or damaged.

The above is in effect as of _____ Date _____

Authorized Signature

TRIOMPHE PHASE 1
AUTHORIZATION FOR ACCESS

The following residents are authorized to enter our suite in case of lost keys.
The following persons are authorized to enter the suite during my/our absence.

SUITE #: _____

NAMES: _____

I/We the undersigned hereby release Del Property Management, its agents and/or staff from any liability and/or loss as a result of allowing any of the above named persons access to our suite during our absence.

I/We _____ have read the above clause and agree to same.
Print Name

Signature of Resident _____ Date _____

Signature of Resident _____ Date _____

Please inform the Security and Management Office immediately in writing of any changes to the above, as any unauthorized persons will not be allowed entry.

TROMPHE PHASE 1

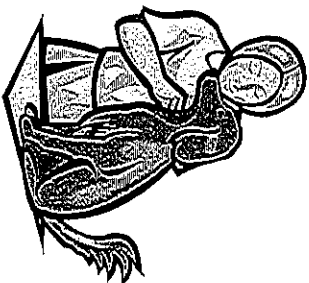
PET REGISTRATION FORM

IF YOU HAVE A PET, BE SIMPERRATIVE THAT THEY ARE REGISTERED

RESIDENTS WILL BE RESTRICTED TO A MAXIMUM OF

A) TWO (2) DOGS WEIGHING A MAXIMUM OF 40 LBS. (19 KG) EACH OR
B) ONE (1) DOG WEIGHING A MAXIMUM OF 40 LBS. (19 KG) EACH OR

C) TWO (2) CATS



RESIDENT'S NAME: _____

SUITE #: _____ PHASE: _____

TELEPHONE #: _____

NAME OF PET: _____

BREED: _____

SIZE AND WEIGHT: LIMITED TO 40 LBS. OR 19 KG. FOR EACH DOG
COLOUR(S): _____

AGE: _____

LICENSE #: _____

VET'S NAME: _____

VET'S PHONE #: _____

RESIDENT'S SIGNATURE: _____

DATE: _____

REMINDER: No pets allowed in the roof top garden.

T.S.C.C. # 1448
5 Northtown Way

BICYCLE REGISTRATION

Date of Registration: _____

Name: (please print) _____

Suite #: _____

Telephone #: _____

Type of Bicycle: _____

Tag #: _____

Signature: _____

**
Please note that if you are moving out of the Building --
would you kindly notify the management office and
please remember to take your bicycle with you.

Thank you.

DEL Property Management