

## LUX RESIDENTIAL WARRANTY PROGRAM INC. HOME/CONDO REGISTRATION FORM

			HOWE/	CONL	JU KE	GIOIR	ATION		( IVI					
A. BUILDER INFORMATION (TO BE COMPLETED BY BUILDER)														
LRWP Member Registration Number						Builder Office					Builder Cell			
							Phone Number							
Company Name and Address										Posta	 			
Fax Nu	Code   Fax Number (New Home Memorandum will be faxed to this number)													
	It is under	rstood and a	agreed by the	Builder	that the in	formation	on this form	ı is co	llecte	d for the reg	gisterin	g		
	of this		n the Lux Resi e registration :								sued			
В.	HOME INFORMA	TION												
	Damasit Bustastian						7 Dalta M	C Fai		ion Wrap		!: V	Vannantu	
	Deposit Protection The 1 & 5 Yr Lux Hon The 1 & 8 Yr Lux Hon				•		(Co		a-Dor			ppliance V Creditorlif		
Type of	Registration and Fee (pe	er unit):												
	Single Homes		GST (HST)				red Homes			400.00 + GS			,	
IЦ	Semi-Detached/Duplex		GST (HST)			Manufactu	red Homes		\$	275.00 + GS	ST (HST	(without ba	sement)	
	Row/Townhouse	\$400.00 +	GST (HST)		Ш	Condomin	ium Project		Α	ssessed per	Project			
Civic Ad	ddress:								L	.ot#				
City:						Province	:		F	Postal Code	:			
Check all that apply:														
Unit Des	scription	Type of B	uilding		Found	ation				Heating				
	1 Storey		site built			Concrete		[		FHA				
	2 Storey		custom timber			Concrete	Block	[		radiant				
	3 Storey		pre-fabricated			piles		Γ		HRV				
	•	$\vdash$	manufactured			•	o/wood)	ſ		oil				
	garage (attached)	H			$\vdash$	piles (con		L	=					
	garage (detached)		log		Ш	preserved	wood	L		gas				
	carport (attached)		Other:			Drainage I	Membrane:	[		electric				
						Specify:				other:				
						-1 7 ==								
Townho	use or Condominium Mu	ulti-Unit Reg	gistration											
				r							-			
U	nit #	Un	it #	ļ	Ur	it#	ļ ļ		Un	it#	4	Ui	nit #	
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Occupa	ancy Details													
Please Forward completed application and cheque to the Atlantic Office at:														
							•					1 6330		
	P.O. Box 27046, Dieppe, NB, E1A 6V3 Toll Free: 1.877.854.4432 or 506.854.4432 Fax: 506.854.6330  Cheques to be made payable to: Lux Residential Warranty Program Inc.													
(GST/HST - 848435145RT0001)														
Authorization: I declare that all information in this form is accurate and complete in all aspects:														
Builder (Print full name)														
Signatu	re of Builder:									Date:				
BUILDER TO RETAIN A COPY OF THIS APPLICATION FORM FOR RECEIPT PURPOSES														
	OFFICE USE CAN	V DECE	DI/ED FOR I		FEIDE	ITIAL 12	ADDANT	VP	000	DAM INC				
	C. OFFICE USE ONLY RESERVED FOR LUX RESIDENTIAL WARRANTY PROGRAM INC.													
APPRO														
Dated:	(month)		(day)	1	(year)									
Signatu	re of Approving Auth	ority:	1		Print f	ull name:				Position:				
1		-												
	DEGIGER ATION	).ED			•									
HOME	REGISTRATION NUME	BER:										D	-b	
1												Revised F	ebruary 2008	