



# OWNERSHIP/TRANSFER POSSESSION CERTIFICATE

**LRWP REGISTRATION NUMBER**

## NEW PURCHASER'S INFORMATION

NAME(S)

NAME

Home Address

CITY

Province

Postal Code

Civic Address (if different than above)

**DATE OF POSSESSION BY NEW PURCHASER**

mmm/dd/yr

### Important

\* To effect coverage under the Lux Residential Warranty Program the Purchaser and a witness must complete, date and sign this Ownership/Transfer Possession Certificate and the Purchaser shall deliver or mail a signed copy thereof within seven (7) days following the Possession Date to LRWP at: **PO Box 9, RPO Centennial, Kingston On K7M 3G1** Telephone: 613.389.0156, Fax: 613.389.3534 Original copy of the possession transfer must be mailed to LRWP for processing. A faxed copy is acceptable to commence administrative procedures however the original must be forwarded in all cases for records purposes.

\* Upon receipt of the signed Possession Certificate by LRWP, the Limited Warranty will be mailed to the Purchaser's address set forth above. Failure of the Purchaser to provide LRWP with the Possession Certificate within seven (7) days of the Possession Date as provided for above shall result on no Warranty Coverage on the Residential Unit.

Seller

Date

Signature of Seller

**One copy with original signatures is to be mailed to Lux Residential Warranty Program Inc. Head Office**