RESIDENTIAL TITLE INSURANCE ORDER FORM

To/Att.:	FCT Insurance Company Ltd./Residential Solutions	Local/Toll free Fax:	514.744.8143/1.844.350.8674
Email:	rtis.qc@fct.ca	Local/Toll free Phone:	514.744.8969/1.866.744.8969

Please select which policy(ies) is(are) required:	☐ **Loan Policy**	☐ **Owner Policy**	☐ **Loan Policy and Owner Policy**
Please select the language for the policy(ies):	☐ **French**	☐ **English**	

Please only complete the sections that apply to your transaction:

LAW FIRM INFORMATION

Notary: First Name Last Name	Law Firm Name:
Contact: First Name Last Name	Email:
Fax:	Phone:
Address: Apt. / Unit No. Street No. Street Name	
City Province Postal Code	

TRANSACTION INFORMATION

Please select a transaction type:

☐ Purchase – Resale Home ☐ Purchase – New Home ☐ Refinance (Non-Purchase) ☐ Existing Owner

Closing Date: (dd/mm/yyyy)	Purchase Price: **$** (Purchase transactions only)

AGENCY AGREEMENT (Complete when requesting an Owner's policy)

Do you (the ordering lawyer/notary or authorized individual acting on behalf of the ordering lawyer/notary and your firm representing the purchaser), consent to act as agent for FCT, for the purposes of verifying each purchaser's identity in accordance with the requirements under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its associated Regulations and the terms of the FCT Agency Agreement available at fct.ca/agency-agreement? ☐ Yes ☐ No*

***Please provide the email address for each purchaser in the section below and advise they will receive an email from fctresidentialnoreply@fct.ca with instructions to complete identity verification through Bluink's eID-ME app. Identity Verification must be completed prior to issuing the owner's policy.**

PURCHASER/BORROWER/OWNER INFORMATION – INDIVIDUALS

Person 1:

First Name Last Name

Complete when requesting an Owner's policy and acting as agent:

Date of Birth: (dd/mm/yyyy)

Address on ID/Current Address: Unit No. Street No. Street Name City

Province/State Postal/Zip code Country

ID Document Details:

ID Verification Date (dd/mm/yyyy) ID Expiry Date (dd/mm/yyyy) ID No.

ID Country ID Province/State

ID Verification Type: Click to select a type

Complete 2 verification categories when using the Dual-Process method:

Name and Date of Birth	Select a document	Document No.	Document Source Name
Name and Address	Select a document	Document No.	Document Source Name
Name and Confirmation of Financial Account	Select a document	Document No.	Document Source Name

Complete when requesting an Owner's policy and not acting as agent:

Phone Number: Email Address:

Thank you for choosing FCT. Your order will be processed in sequence, during business hours from Monday to Friday 8:30 a.m. to 5:00 p.m. EST. If you have any other inquiries please feel free to call us at 514.744.8969, or toll free at 1.866.744.8969.

Insurance by **FCT Insurance Company Ltd**. This material is intended to provide general information only. For specific coverage and exclusions, refer to the policy. Copies are available upon request. ® Trademark of First American Financial Corporation.

Person 2:

First Name | Last Name

Complete when requesting an Owner's policy and acting as agent:

Date of Birth:
(dd/mm/yyyy)

Address on ID / Current Address:
Unit No. | Street No. | Street Name | City
Province/State | Postal/Zip code | Country

ID Document Details:
ID Verification Date (dd/mm/yyyy) | ID Expiry Date (dd/mm/yyyy) | ID No.
ID Country | ID Province/State

ID Verification Type: Click to select a type

Complete 2 verification categories when using the Dual-Process method:

Name and Date of Birth	Select a document	Document No.	Document Source Name
Name and Address	Select a document	Document No.	Document Source Name
Name and Confirmation of Financial Account	Select a document	Document No.	Document Source Name

Complete when requesting an Owner's policy and not acting as agent:

Phone Number: | Email Address:

Person 3:

First Name | Last Name

Complete when requesting an Owner's policy and acting as agent:

Date of Birth:
(dd/mm/yyyy)

Address on ID / Current Address:
Unit No. | Street No. | Street Name | City
Province/State | Postal/Zip code | Country

ID Document Details:
ID Verification Date (dd/mm/yyyy) | ID Expiry Date (dd/mm/yyyy) | ID No.
ID Country | ID Province/State

ID Verification Type: Click to select a type

Complete 2 verification categories when using the Dual-Process method:

Name and Date of Birth	Select a document	Document No.	Document Source Name
Name and Address	Select a document	Document No.	Document Source Name
Name and Confirmation of Financial Account	Select a document	Document No.	Document Source Name

Complete when requesting an Owner's policy and not acting as agent:

Phone Number: | Email Address:

Person 4:

First Name | Last Name

Complete when requesting an Owner's policy and acting as agent:

Date of Birth:
(dd/mm/yyyy)

Address on ID / Current Address:
Unit No. | Street No. | Street Name | City
Province/State | Postal/Zip code | Country

ID Document Details:
ID Verification Date (dd/mm/yyyy) | ID Expiry Date (dd/mm/yyyy) | ID No.
ID Country | ID Province/State

ID Verification Type: Click to select a type

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PURCHASER/BORROWER/OWNER INFORMATION – INDIVIDUALS cont'd

Complete 2 verification categories when using the Dual-Process method:

Name and Date of Birth	Select a document	Document No.	Document Source Name
Name and Address	Select a document	Document No.	Document Source Name
Name and Confirmation of Financial Account	Select a document	Document No.	Document Source Name

Complete when requesting an Owner's policy and not acting as agent

Phone Number: Email Address:

Name(s) of the non-owner borrower(s), if applicable:

PURCHASER/BORROWER/OWNER INFORMATION – CORPORATIONS AND OTHER ENTITIES

Corporation/Business Name *(For non-corporate entities, please provide documentation confirming legal existence)*:

PROPERTY INFORMATION

Please select a property type:

☐ Single Family Dwelling ☐ Multi-Family Dwelling Number of units (2-6):

☐ Condominium – Declaration No.: ☐ Vacant Land

Interest Insured: ☐ Right of Ownership ☐ Leasehold or other (specify):

Construction Year:

Property Legal Description (including the registration division): *(If the legal description consists of a part of lot, please forward it by fax or by email):*

Property Address:

Apt. / Unit No. Street No. Street Name

City Province Postal Code

Has an order for this transaction previously been placed with another title insurer? ☐ Yes* ☐ No

If yes, please provide details:

LOAN INFORMATION (If applicable)

☐ New Loan ☐ Refinance (Non-Purchase) ☐ Construction Loan Name of the builder:

☐ Self-Construction Loan ☐ Loan for Renovation – Will there be multiple disbursements? ☐ Yes ☐ No

Lender:	Published Hypothec Amount: $
Rank: ☐ 1st ☐ 2nd ☐ 3rd	Loan Ref. Number:

SEARCH AND OFF TITLE INFORMATION (FOR ALL TRANSACTIONS)

Is the Insured Property bound by water? ☐ Yes ☐ No

Is the Insured Property on Municipal Water and Municipal Sewer? ☐ Yes ☐ No

Is there a certificate of location? ☐ Yes* ☐ No

Does the certificate show any defects? (*If yes, please provide a copy) ☐ Yes* ☐ No

Do you know if any modifications have been made on the property since? ☐ Yes ☐ No

Land taxes are: ☐ Paid to date ☐ Arrears to be paid from closing funds ☐ Notary not mandated to verify/pay

Are you aware of any other matters that should be disclosed or that may affect title (including, without limitation, any title defects, legal hypothecs, undischarged charges or the inability to successfully authenticate your client's/borrower's identification using an identification verification platform)? ☐ Yes* ☐ No

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ALL PURCHASE TRANSACTIONS	
Is there a real estate agent involved in the transaction? **If yes – Name(s): (**If no, please forward a copy of the agreement of purchase and sale and all schedules)	☐ Yes** ☐ No**
Have there been any amendments with respect to the purchase price and/or deposit after the date of signing the agreement of purchase and sale and was any portion of the deposit paid directly to the vendor(s)?	☐ Yes ☐ No
Are the vendors signing by way of Power of Attorney? (**If yes, please forward a copy)	☐ Yes** ☐ No
Is the hypothec to be held by a private lender? (If applicable)	☐ Yes ☐ No

NON-PURCHASE TRANSACTIONS	
Are there any prior loans affecting the insured property? **If yes, will a portion of the proceeds be used to pay out all existing loans? **If the existing loans aren't going to be paid out, please indicate the reason:	☐ Yes** ☐ No** ☐ Yes ☐ No
Will the net proceeds of the loan be paid to all registered owners?	☐ Yes ☐ No ☐ No Net Proceeds
Are any parties to the transaction signing by way of Power of Attorney? (**If yes, please forward a copy)	☐ Yes** ☐ No
Is the hypothec to be held by a private lender? (If applicable)	☐ Yes ☐ No

EXISTING OWNER	
What is the property's value as shown on the municipal assessment roll?	**$**
What is the original transfer date? (Please forward a copy of the title, the index and the municipal assessment roll)	(dd/mm/yyyy)

Notes/Comments:

REPORT ON TITLE

I am a Notary in good standing in the province of Quebec, and have investigated title to the property insured by this Policy in accordance with recognized practice or in accordance with Lender Instructions or in accordance with your underwriting guidelines and I confirm the following:

1. I will comply prior to funding with any and all particular requirements of the lender as set out in its Instructions.
2. I have disclosed all title matters which would otherwise qualify my opinion on title; and I will advise FCT of any additional registrations or material changes to the state of title or the priority of the insured's interest, prior to closing (if applicable).
3. I will make the proceeds of the loan payable to the registered owner(s) of the property (applicable to Mortgage Only transaction).
4. I confirm that I have obtained consent from the parties to the transaction (purchasers, vendors, borrowers, lenders, as applicable) in compliance with all applicable laws to have their personal information provided to FCT for the purposes of issuing and administering a title insurance policy, and any other ancillary policy relating thereto, including for underwriting purposes and assessing and controlling risks. For FCT's corporate Privacy Policy, including information about service providers located outside of Canada, visit our website at fct.ca.

Your order will be forwarded to our Underwriting Department for review, and an Underwriter will contact you, if necessary, within 24 hours of receipt of all documents.

Signed:
Notary Mtre. (dd/mm/yyyy)

Print Submit by Email

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