SCHOONER BAY VENTURES LIMITED

Sales Record Sheet

General Information			
Lot :		Date:	
Location:			
Name(s) of Purchaser(s):			
Local Contact Information			
Mailing Address:			
Home Tel #:		Home Fax #:	
Work Tel #:		Work Fax #:	
Mobile Tel #:		E-mail:	
Other Contact Information			
Name:			
Mailing Address:			
Home Tel #:		Work Fax #:	
Work Tel #:		Pager #:	
Mobile Tel #:		E-mail:	
Referred by			
Name:			
Mailing Address:			
Home Tel #:		Work Fax #:	
Work Tel #:		Pager #:	
Mobile Tel #:		E-mail:	
Realtor			
Selling Broker/Agent Company:			
Selling Broker/Agent:			
Deposit(s)			
Deposit 10%			
Amount Paid:	$ -		
Paid By:			
Held By:			

PAYABLE TO: Rt. Honorable Hubert A. Ingraham Chambers Contact: Ms. Denise Williams 327-0863
Seller's Attorney: Lowell J. Mortimer - (for): Ingraham Law Chambers 327-0863 Email: ingrahamlaw@coralwave.com

Contract Terms (Excluding Purchaser's Legal Fees)	
Purchaser's Attorney:	
Contact Telephone	
Contract Date:	On or before [ ]
Proposed Closing Date:	***CLOSING IS TO TAKE PLACE NO LATER THAN 30 DAYS FROM DATE OF EXECUTION OF SALES AGREEMENT***

		CONTRACT PRICE	PD BY BUYER	PD BY VENDOR
Gross Contract Price		$ -	$ -	$ -
Purchaser Stamp Tax	0.040		$ -	$ -
Vendor's Stamp Tax:	0.040		$ -	$ -
Total Paid by Vendor			$ -	$ -
Total Paid by Purchaser			$ -	

Notes:
Each party bears its own legal expenses.
This lot is subject to a build compulsion requirement.
Start Date:
Completion Date: **Bank Name**:_____
If Subject to financing, please provide a copy of loan application to Schooner Bay Ventures Limited when bank appl. is submitted.

Does this offer require Foreign Investment Board approval?
If FIB approval is required, what is expected date of the application? _____
Please forward copy of application to Schooner Bay Ventures Limited on of before the above expected date of FIB application.

Signatures

Purchaser	
Purchaser	