

## **LETTER OF EXCLUSIVITY**

	Date:
To Whom It May Concern:	
Please accept this letter as authorization that I/W	/e,
	(Name of Applicant(s)
of, will be usin	9
(City, Province)	(Brokerage and Broker Name)
ocated at:	
(Brokers Office Address including p	ostal code)
exclusively for my mortgage requirements.	
Thank you,	
(Signature of Applicant)	(Signature of Applicant)
(Oignature of Applicant)	(Signature of Applicant)
(Signature of Applicant)	(Signature of Applicant)