

LETTER OF EXCLUSIVITY

| | Date: |
|---|-----------------------------|
| To Whom It May Concern: | |
| Please accept this letter as authorization that I/We, | |
| | (Name of Applicant(s) |
| of, will be using_ | |
| (City, Province) | (Brokerage and Broker Name) |
| located at: | |
| (Brokers Office Address including post | al code) |
| exclusively for my mortgage requirements. | |
| | |
| Thank you, | |
| | |
| (Signature of Applicant) | (Signature of Applicant) |
| (Signature of Applicant) | (Signature of Applicant) |