

PART 6 The person(s) making this application for cancellation is the:
(please select one only)

Registered owner

Licensee

Mortgagee

Others (please specify)

PART 7 Explain the nature of the claim to be cancelled.

PART 8 Specify the documents filed in support of this application

PART 9 If you wish to cancel any claim as mortgagee or licensee and you are not the registered owner, the registered owner (or his representative) must sign here.

Signature _____

Name _____

PART 10 Name of agent
(if applicable)

Address for service

Telephone

Fax

Signature _____

Date Month Year

Name _____

(in block letters)

Official capacity of signatory