

Consent for Broker Representation

- Authorizes** the release of mortgage information and/or personal information to the named mortgage broker and their assistants or agents for the purpose of mortgage consultation or refinancing. This authorization shall continue in force until revoked in writing using a separate form.
- Cancels** the existing authorization on file for the named mortgage broker.

Mortgagor Information

BORROWER 1 NAME

BORROWER 2 NAME

MORTGAGE NUMBER

TELEPHONE NUMBER HOME CELL WORKTELEPHONE NUMBER HOME CELL WORK

Mortgage Broker Information

BROKER NAME

BROKERAGE NAME

BUSINESS ADDRESS

CITY PROVINCE POSTAL CODE COUNTRY

BUSINESS TELEPHONE NUMBER

EMAIL ADDRESS

Signed at (city/province) _____ this _____ day of _____, 20__.

BORROWER 1 SIGNATURE

BORROWER 2 SIGNATURE

Please submit completed form **signed by all borrowers** to:Home Trust Company
Security Address
145 King Street West, Suite 2300
Toronto, ON M5H 1J8

Fax 416-363-7611

Email broker.relations@hometruster.ca