

## **Conversion Application**

First Name    City	Borrower										
Initial Date of Birth SIN  Home Number Cell Number email  Co-borrower  Last Name Address  First Name City Prov. Zip Code Initial Date of Birth SIN  Home Number Cell Number email  Property Address  Address  Current Lender  City Prov. Zip Code Next Payment date  I jara™ Fee Agreement	Last Name				Addres	ss					
Home Number  Co-borrower  Last Name  Address  First Name  City  Prov. Zip Code  Initial  Date of Birth  SIN  Home Number  Property Address  Address  Address  Current Lender  City  Prov. Zip Code  Next Payment date  Ijara™ Fee Agreement  hereafter referred to as "applicant(s)", have requested to apply for a residential mortgage conversion from a participating lender utilizing the Ijara™ Lease to Own program, a Sharia Compliant transaction.  Applicant(s) acknowledges and agrees to the following: 1) The monthly administration fee for the Ijara™ transaction is \$20 and is added to your monthly payment 2) You must have a checking account or savings account that can be electronically debited on a monthly basis via EFT transaction on either the I₃t or the 5ゅ of each month.  By signing below, the applicant acknowledges receipt of a copy of this signed Agreement.  Co-Borrower Signature  Signed By (Print Name):	First Name				City			Prov.	Ziţ	Code	
Co-borrower  Last Name	Initial				Date o	f Birth			SIN		
Address  First Name  City  Prov.  Zip Code  Initial  Date of Birth  SIN  Home Number  Property Address  Address  Address  Current Lender  City  Prov.  Zip Code  Next Payment date  Ijara™ Fee Agreement  , hereafter referred to as "applicant(s)", have requested to apply for a residential mortgage conversion from a participating lender utilizing the Ijara™ Lease to Own program, a Sharia Compliant transaction.  Applicant(s) acknowledges and agrees to the following: 1) The monthly administration fee for the Ijara™ transaction is \$20 and is added to your monthly payment 2) You must have a checking account or savings account that can be electronically debited on a monthly basis via EFT transaction on either the 1st or the 5sh of each month.  By signing below, the applicant acknowledges receipt of a copy of this signed Agreement.  Borrower Signature  Signed By (Print Name):	Home Num	nber		Cell Number			email				
First Name  City  Prov.  Zip Code  Initial  Date of Birth  SIN  Home Number  Cell Number  Property Address  Address  Current Lender  City  Prov.  Zip Code  Next Payment date  Ijara <sup>™</sup> Fee Agreement	Co-borrow	rer									
Initial  Date of Birth  SIN  Home Number  Cell Number  Property Address  Address  Current Lender  City  Prov. Zip Code  Next Payment date  Ijara™ Fee Agreement	Last Name				Addres	ss					
Home Number	First Name				City			Prov.	Zip	Code	
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City Prov. Zip Code Next Payment date    Comparison   Next Payment date	Home Num	nber		Cell Number			email				
City Prov. Zip Code Next Payment date    Jjara™ Fee Agreement	Property Ad	ddress									
Ijara™ Fee Agreement	Address					Curre	nt Lender				
	City		Prov.	Zip Code		Next F	Payment date	e			
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Borrower Signature  Co-Borrower Signature  Signed By (Print Name):	1) The more 2) You must	nthly administrationst have a checking	on fee for the account or	ne Ijara™ transa savings accoun	action is \$20					asis via E	EFT
Signed By (Print Name):	By signing	below, the applica	ant acknowl	edges receipt o	of a copy of	this signe	d Agreemer	nt.			
Signed By (Print Name):											
	Borrowe	r Signature				Co-l	Borrower Sig	ınature			
Date Date	Signed B	y (Print Name)				Sign	ed By (Print	Name):			
	Date					Date	e				

Our mailing address is:

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