



Solicitor’s Interim Report/Requisition for Funds
For Secured Line of Credit

Fax this completed form at least 3 business days prior to the advance date to **FNF** Canada Company ("FNF") at the fax number set out in our **Instructions to Solicitor**.

To: Canadian Imperial Bank of Commerce ("CIBC")

| | | | |
|------------|--|------------------|--|
| Re: | | Ref. No.: | |
|------------|--|------------------|--|

| | | |
|-------------------------------------|-------------|-------------------|
| Mortgagor(s) | | |
| Civic Address of Property Mortgaged | | |
| Legal Description | | |
| Name of Municipal Tax Office | Roll Number | Annual Tax Amount |

- The undersigned hereby certifies that when this advance is made:**
- 1. All requirements in your Instructions to Solicitor/Notary will have been met before funds are advanced.
 - 2. All tax bills issued up to the advance date will have been paid in full.
 - 3. The Mortgagor(s) will have executed a Mortgage in accordance with your Instructions and any subsequent amendments, if any.
 - 4. The principal monies secured by the Mortgage and advanced by CIBC will be disbursed within **three business days of the advance date**.
 - 5. Details of Fire, Hazard and other insurance as specified in your Instructions will have been verified.
 - 6. Your requirements with respect to the taking of collateral security will have been met.
 - 7. The completed Chicago Title Insurance Report, Identification Verification Form and void cheque will have been received by FNF at least three (3) business days prior to the advance date.

| | |
|-----------------|--------------------------|
| Mortgage Amount | Interest Adjustment Date |
|-----------------|--------------------------|

Solicitor’s Trust Account Data: (information must be entered)

| | |
|------------------------|----------------------|
| Name of Bank/Trust Co. | Amount Requisitioned |
| Transit Number | Date Funds Required |
| Trust A/C Number | |
| Name of Law Firm | Telephone Number |
| Address of Law Firm | Fax Number |

| | |
|-----------------|--|
| <div>Date</div> | <div>X Signature of Solicitor/Notary</div> |
|-----------------|--|

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This facsimile transmission is intended only for the use of the intended recipient. It may contain information that is private and confidential. If you are not the intended recipient, do not read, copy, distribute or use this information. If you have received this fax in error, please call **Client Care at 1-800-465-2255** immediately. Thank you.