



LOT HOLD REQUEST FORM

DATE: _____

NAME to appear on Agreement: _____

GST# (if applicable): _____ Fx: _____

Ph#: _____ Email: _____

LOT: _____ BLOCK: _____ STAGE: _____

HOLD EXPIRY DATE: _____ (7 days from above noted date)

ATTACH CHEQUE

PLEASE MAKE CHEQUES PAYABLE TO:

HV Nine Ltd.

c/o MLC Group Inc.
Suite 1000, 10104 – 103 Avenue Edmonton, AB T5J 0H8
Phone: 420-0044 Fax: 423-0044