



OWNERSHIP/TRANSFER POSSESSION CERTIFICATE

RESIDENTIAL WARRANTY PROGRAM

LUX REGISTRATION NUMBER: _____

NEW PURCHASER'S INFORMATION

PURCHASER(S) NAME(S): _____

NUMBER: _____ STREET NAME: _____ SUITE NUMBER (if applicable): _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

Civic Address (if different than above) _____

DATE OF POSSESSION BY NEW OWNER MM/DD/YR _____

Important

* To effect coverage under the Lux Residential Warranty Program the PURCHASER and a witness must complete, date and sign this Ownership/Transfer Possession Certificate and the Purchaser shall *deliver or mail* a signed copy thereof within seven (7) days following the Possession Date to LUX at: **PO Box 9, RPO Centennial, Kingston ONT, K7M 3G1**. Telephone. **(613) 389.0156**, Fax. **(613) 389.3534**. Original copy of the possession transfer **MUST** be mailed to Lux for processing. A faxed copy is acceptable to commence administrative procedures, however the original must be forwarded in all cases for record purposes.

*Upon receipt of the signed Possession Certificate by Lux, the Limited Warranty will be mailed to the Purchaser's Address set forth above. Failure of the Purchaser to provide Lux with the Possession Certificate within seven (7) days of the Possession Date as provided for above shall result in no Warranty Coverage on the Residential Unit.

Date: _____

Seller's Name: _____

Signature of Seller: _____

One copy with original signatures is to be mailed to Lux Residential Warranty Program Inc.
Head Office: PO Box 9, RPO Centennial, Kingston, Ontario, K7M 3G1