

## OWNERSHIP/TRANSFER POSSESSION CERTIFICATE

	LUX REGISTRATION N	UMBER:
NEW PURCHA	SER'S INFORMATION	
PURCHASER(S) NA	ME(S):	
NUMBER:	STREET NAME:	SUITE NUMBER (If applicable):
CITY:	PROVINCE:	POSTAL CODE:
mportant		
DATE OF POSSE	SSION BY NEW OWNER MM/DD/YR	
•	ins with the home when re-sold me buyers to verify that a Lux home warranty exists or	n the subject home as well as identify the type of
Note: The warranty ma		r or agreements / settlements made with the builder. The
Date	:	
Selle	r's Name:	
Signa	ature of Purchaser	

Please Send to Lux Home Warranty by:

**Email :** info@luxwarranty.com **Mail :** PO Box 27046, Dieppe, NB E1A 6V3 **Phone :** (506) 854-4432 Fax : (506) 854-6330