



OWNERSHIP/TRANSFER POSSESSION CERTIFICATE

RESIDENTIAL WARRANTY PROGRAM

NEW PURCHASER'S INFORMATION

PURCHASER(S) NAME(S): _____

EMAIL: _____

LUX WARRANTY NUMBER (if available): _____

AND/OR Name OF Builder (if available): _____

ADDRESS;

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

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

NEW OWNER DATE OF POSSESSION

Day/Month/Year ____/____/____

Lux Warranty remains with the home when re-sold.

This process allows home buyers to verify that a Lux home warranty exists on the subject home as well as identify the type of coverage(s) and remaining term(s).

Note: The warranty may be affected by work conducted by a previous owner or agreements / settlements made with the builder. The new purchases should define any such circumstances with the vendor.

Signature of Purchaser: _____ Date: _____

Signature of Purchaser: _____ Date: _____



Please Send to Lux Home Warranty by:

Email : info@luxwarranty.com

Mail : PO Box 27046, Dieppe, NB E1A 6V3

Phone : (506) 854-4432 Toll Free : (877) 854-4432