

INFORMATION REGARDING THE ADDITIONAL TRANSFEROR(S)

INSTRUCTIONS: Make as many copies of this appendix as there are additional transferors. Number each copy at the bottom of the page in the box provided for the purpose. Also, initial each page in the box provided for the purpose at the bottom of the page.

1.1.	Status of the additional transferor	(check the box applicable to)	our situation):	:
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The additional transferor was a **natural person** (complete section 1.1.1 and ignore section 1.1.2).

The additional transferor was a **legal person**, e.g. company, organization, public body (complete section 1.1.2 and ignore section 1.1.1).

1.1.1. Natural person (enter all the required information in the following table):

First name

Address of the principal residence Address where the invoice can be sent, if applicable (do not complete if the same as the address of the principal residence)
Address where the invoice can be sent, if applicable (do not complete if the
sent, if applicable (do not complete if the
1.1.2. Legal person (enter all the required information in the following table):
Name
Quebec business number (NEQ) or identification number
Address of the head office or principal place of business
Name, position and contact information of each person authorized to act on its behalf

Initials :	l	
		of

^{*} If there is more than one, please use Appendix 2 to provide the information regarding the additional authorized person(s).



INFORMATION REGARDING THE ADDITIONAL AUTHORIZED PERSON(S)

INSTRUCTIONS: Make as many copies of this appendix as necessary. Number the copies at the bottom of the page in the box provided for the purpose. Also, initial each page in the box provided for the purpose at the bottom of the page.

Name	
Position	
Contact information	
Legal person on whose behalf he	
or she is authorized to act	
Name	
Position	
Contact information	
Legal person on whose behalf he	
or she is authorized to act	
Name	
Position	
Contact information	
Legal person on whose behalf he or she is authorized to act	
or one is additionated to det	

Initials :



INFORMATION REGARDING THE ADDITIONAL TRANSFEREE(S)

INSTRUCTIONS: Make as many copies of this appendix as there are additional transferees. Number the copies at the bottom of the page in the box provided for the purpose. Also, initial each page in the box provided for the purpose at the bottom of the page.

3.1. Status of the additional transferee	(check the box applicable to y	our situation):
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The additional transferee was a natural person (complete section 3.1.1 and ignore section 3.1.2)

The additional transferee was a **legal person**, e.g. company, organization, public body (complete section 3.1.2 and ignore section 3.1.1)

3.1.1. Natural person (enter all the required information in the following table):

First name

Address of the principal residence Address where the invoice can be sent, if applicable (do not complete if the same as the address of the principal residence) 3.1.2. Legal person (enter all the required information in the following table): Name Quebec business number (NEQ) or identification number Address of the head office or principal place of business
Address where the invoice can be sent, if applicable (do not complete if the same as the address of the principal residence) 3.1.2. Legal person (enter all the required information in the following table): Name Quebec business number (NEQ) or identification number Address of the head office or principal place of business
sent, if applicable (do not complete if the same as the address of the principal residence) 3.1.2. Legal person (enter all the required information in the following table): Name Quebec business number (NEQ) or identification number Address of the head office or principal place of business
Name Quebec business number (NEQ) or identification number Address of the head office or principal place of business
Quebec business number (NEQ) or identification number Address of the head office or principal place of business
Address of the head office or principal place of business
principal place of business
Name, position and contact information of each person authorized to act on its behalf †

of

[†] If there is more than one, please use Appendix 2 to provide the information regarding the additional authorized person(s).



INFORMATION REGARDING THE TRANSFERRED MOVABLES

INSTRUCTION: For each of the movables that are subject to section 1.0.1 of the Act and that were transferred at the same time as the immovable, complete one of the following tables. Use only one table per movable. Make as many copies of this appendix as necessary and number them, at the bottom of the page, in the box provided for the purpose. Also, initial each page in the box provided for the purpose at the bottom of the page

Description of the movable	
The amount of the consideration for the transfer of the movable, according to the transferor and the transferee	
The amount constituting the basis of imposition of the transfer duties, according to the transferor and the transferee, and, where applicable, the portion thereof that is subject to the third paragraph of section 4 of the Act	
The amount of the transfer duties	
Where applicable, the provision of any of sections 17 to 20 of the Act under which, according to the transferee, the transferee is exempted from the payment of transfer duties	
Where applicable, any other particular prescribed by regulation	
Description of the movable	
The amount of the consideration for the transfer of the movable, according to the transferor and the transferee	
The amount constituting the basis of imposition of the transfer duties, according to the transferor and the transferee, and, where applicable, the portion thereof that is subject to the third paragraph of section 4 of the Act	
The amount of the transfer duties	
Where applicable, the provision of any of sections 17 to 20 of the Act under which, according to the transferee, the transferee is exempted from the payment of transfer duties	
Where applicable, any other particular prescribed by regulation	

Initials :