

FORM 9
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act
CITY OF MISSISSAUGA

.....
(County/District/Regional Municipality/Town/City in which premises are situated)

6711 MISSISSAUGA ROAD 5TH FLOOR

.....
(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

INTERIOR ALTERATIONS

.....
(short description of the improvement)

AUG 12, 2021

to the above premises was substantially performed on

.....
(date substantially performed)

Date certificate signed:



Digitally signed by SAMANTHA SNOW
DN: cn=SAMANTHA SNOW,
o=BRITACAN, ou,
email=SSNOW@BRITACAN.COM, c=CA
Date: 2021.10.25 14:05:33 -04'00'

BRITACAN FACILITIES MANAGEMENT GROUP

.....
(payment certifier where there is one)

.....
(owner and contractor, where there is no payment certifier)

Name of owner: THE MANUFACTURERS LIFE INSURANCE COMPANY
6755 MISSISSAUGA ROAD SUITE 108 MISSISSAUGA L5N 7Y2
Address for service:

Name of contractor: BMK
Address for service: 20 REGAN ROAD UNIT 14, BRAMPTON, ON L7A 1C3
.....

Name of payment certifier (where applicable): BRITACAN FACILITIES MANAGEMENT GROUP
Address: 505 CONSUMERS ROAD SUITE 1010 TORONTO, ON M2J 4V8
.....
(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

PL M10 PART LTS 3, 4, 43R19141 PTS 9-11

.....
(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)



B. Office to which claim for lien must be given to preserve lien:

.....
(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)