



# INTEREST-FREE HOUSING CO-OPERATIVE OF CANADA LTD.

(Formerly: ISNA Housing Co-operative Ltd.)

Mailing Address: PO. Box 52589 Turtle Creek, Mississauga, Ontario, L5J 4S6

Phone: (905) 822 – 4422 Cellular: (647) 527 – 4425 Fax: (905) 822 - 4424

Email: [ihc@interestfreehousing.ca](mailto:ihc@interestfreehousing.ca) Website: [www.interestfreehousing.ca](http://www.interestfreehousing.ca)

## Preference Shares Form

**CHECK THE BOX THAT APPLIES TO YOU**

Additional Investment (fill in A & D only)       Change of Records (fill in A,B & C only)

<b>A</b>	<b>MINIMUM SHARES 10</b>	Please allow 4 to 6 weeks for processing	
	<b>Please type or Print</b>	Membership #	REU #
	Name: _____	_____	_____
	(first)	(Middle)	(Last)
	Address: _____	_____	
	(Number & Street)	(Apt #)	
	(City)	(Province)	(Postal Code)
	(Country)		
Phone: _____	_____	_____	
(Home)	(Cell.)	(Fax)	
E-Mail: _____			

<b>B</b>	Profession: _____	Employer Name: _____
	Employer Phone: _____	

<b>C</b>	<b>BENEFICIARY</b> (Use additional sheet for more name and / or information)		
	NAME	RELATIONSHIP	ADDRESS / PHONE #
	1. _____	_____	_____
2. _____	_____	_____	

<b>D</b>	Number of Shares Purchased _____ x \$100 Per Share	\$	<b>Acknowledgement</b> I / We undersigned have read the Regulations of Interest-Free Housing Co-operative of Canada Ltd. and fully agree to abide by
	Total Amount (Cheque payable to Interest-Free Housing Co-operative of Canada Ltd.)	\$	
Signature of Member: _____	Date: _____		
	(MM/DD/YYYY)		
Signature of spouse: _____	Date: _____		
	(MM/DD/YYYY)		

<b>Office Use Only</b>	Received Date: _____		Amount Received: \$ _____		Received & Verified By: _____		
	----- Deposit -----			Certificate #:	Number of Shares:	Batch #	Revised Occupancy Charges and Date
	Amount: _____	Date: _____	Number: _____				
	Verified By Office: _____		Verified By Accounts: _____			Date: _____	
	Treasurer's Initials _____					Date: _____	
	Signature of Chair: _____					Date: _____	

NB: Please attach occupancy revision form.