



# ONTARIO BAILIFF & LIEN REGISTRATION CORP WARRANT



### DEBTOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D/L: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
YYYY / MM / DD

Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relatives or References: \_\_\_\_\_

### VEHICLE OR EQUIPMENT INFORMATION

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colour: \_\_\_\_\_

VIN: \_\_\_\_\_ Plate: \_\_\_\_\_ Key Code: \_\_\_\_\_

### CONTRACT TYPE

Loan #: \_\_\_\_\_ Lease #: \_\_\_\_\_

Contract Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Balance: \$ \_\_\_\_\_ Arrears: \$ \_\_\_\_\_  
YYYY / MM / DD

### CLIENT INFORMATION

Client: \_\_\_\_\_ Transit #: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Where would you like the security to be delivered when seized? \_\_\_\_\_

If debtor redeems do you require confirmation of insurance? YES NO

### IDEMNITY AND AGREEMENT

This is your authorization to act as our agent to collect and /or repossess, on sight, on any collateral on which we have a registered interest under the Personal Property Security Act and/or the Repair and Storage lien Act. This will certify that we have the right to the immediate possession of the assigned collateral.

We agree to indemnify and hold you harmless from and against any and all claims, losses and actions, except unlawful acts of your firm. You will not be held liable for the mechanical operation of the vehicle or for the insurance protection except in cases of your neglect. Nothing herein should be construed to authorize the violation of any provincial laws.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY / MM / DD

APPOINTED BAILIFF: DAVID WIEBES ~ PLEASE EMAIL SIGNED WARRANT TO: [david@oblr.ca](mailto:david@oblr.ca) OR FAX: (705) 585-2563