

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

Region of Halton

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

1075 North Service Road West, Suite 206, Oakville, ON L6M 2G2

(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 Renovations

(short description of the improvement)

to the above premises was substantially performed on **June 14, 2021**

(date substantially performed)

Date certificate signed: **JUNE 14 2021**



(payment certifier where there is one)



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

Name of owner: **Chiropractic First Natural Health Group**

Address for service: **300 North Service Road West, Unit B12, Oakville, ON L6M 2R9**

Name of contractor: **BMK Benchmark Inc.**

Address for service: **20 Regan Road, Unit 14, Brampton, ON L7A 1C3**

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

1075 North Service Road West, Suite 206, Oakville, ON L6M 2G2

(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)