ISLAMIC PROPAGATION CENTER OF ONTARIO
JAME MASJID
MISSISSAUGA

Contract No: _____

IPC TRANSFER SERVICES CONTRACT

("The Provider") Licensee:

Telephone: 905 - 507- 3323 funeral@ipcontario.com www.ipcontario.com
Manager: Hanzlah Atcha **Direct Contact: 647-739-6573**

PERSONNEL INFORMATION

Name of Purchaser:	_____	**Name of Deceased:**	_____
Address:	_____	**Address of Deceased:**	_____
Telephone:	_____	**Date of Death:**	_____
E-Mail:	_____	**Location of Death:**	_____
Relationship to Deceased:	_____	**Date of Birth:**	_____

SERVICE DESCRIPTION

Co-Ordinating Activities:	**$275**	**Documentation:**	**$75**
Initial Transfer from Place of Death:	**____km*0.75 + $200**	**Supplies:**	**$120**
Facilities:	**$250**	**Casket:**	**$225**
Transfer to Cemetery:	**____Km*0.75 + $200**	**Shroud:**	**$50**
Shelter of Deceased and Miscellaneous:	**$50 + $100**	**Total Amount/Amount Paid:**	_____

Payment Terms: The Purchaser agrees to pay the amount owing at the time of signing the contract.
Extra Kilometer charge will be taken only if transfer services will be needed to another premises/masjid, and or if the transfer is out of our radius. Price above is subject to change based on economy prices.

Warranties: The warranties granted in the condition with the supplies provided as part of this contract are express written warranties, if any, extended by the manufacturer of such supplies, and as required by Ontario consumer legislation.

Cancellation Rights: The purchaser, of someone designated in this contract by the purchaser, may cancel this contract providing notice of the cancellation in writing to the Provider of services. Partial or full refund of the money paid, if any may be available based on the terms of this contract of the law. Any refund owed will be issued within 30 days. If this contract is cancelled within 30 days of the date above and before any services or supplies have been used or provided, the Provider will refund the amount paid under this contract plus any income earned on the amount paid or that have been earned on the amount paid if it had been deposited as required, but the Provider may retain an additional 10% of the amount paid to a maximum of $350 for the Transfer services. If this contract is cancelled after some of the services or supplies have been provided under the terms of this contract, the maximum refund required will be the amount paid under this contract plus any income earned on the amount paid or that should have been on the amount paid. If it had been deposited as require, and in some circumstances permitted by the Act of Provider may retain the value of the services and supplies that have been delivered. If this contract fails to meet the requirements of ss.40(1) of the Act, the maximum refund required will be the amount paid under this contract plus Income earned on the amount paid or that should have been earned on the amount paid. If it had been deposited as required. In some circumstances permitted by the Act, the Provider may retain the value of the services or supplies that have been delivered.

Purchaser's Declarations and Acknowledgments: Initials are required.

_____ **Legal authority:** The Purchaser declares that (s)he is legally authorized to make or charged with the responsibility for the arrangements contained in the contract.

_____ **Consumer Information Guide and Price List:** The Purchaser acknowledges having received a copy of, (1) The Provider's price list AND (2) the Consumer Information Guide prepared by the Bereavement Authority of Ontario OR an electronic version of the Consumer Information Guide. The Purchaser agrees to receive an electrical copy of the guide prepared by the BAO at the email address above. The CIG is available on the BAO's website at HTTPs://thebao.ca/forconsumers/-cnsumer-information-guide/

_____ Distributions/Third-party supplier(s): The purchaser acknowledges and agrees that the Provider will be acting on behalf of and only as agent for the purchaser in obtaining the disbursements from a third-party supply. The Purchaser also acknowledges that unless other arrangements are made with the Provider the purchaser will be liable to pay the total.

_____ _____ _____ _____
Licensee (print & sign name and license #) Date Purchaser (print & sign) Date