

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

*Construction Act*

Brampton

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

9055 Airport Road, Building 'J', Unit 3-6

(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:

Dental Office Interior Fit-out

(short description of the improvement)

to the above premises was substantially performed on 08/09/2022

(date substantially performed)

Date certificate signed: JAN 31, 2023

  
\_\_\_\_\_  
(payment certifier where there is one)

Siddharth Panchal 2023-02-01  
\_\_\_\_\_  
(owner and contractor, where there is no payment certifier)

Name of owner: Dr. J Dentistry Professional Corp.

Address for service: 9025 Airport Road, Suite 2, Brampton, ON L6S 0B8  
Cornerstone Building and

Name of contractor: Property Services Inc.

Address for service: 6355 Kennedy Road, Unit 16, Mississauga, ON L5T 2L5

Name of payment certifier (where applicable): \_\_\_\_\_

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

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

\_\_\_\_\_  
(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:

President/CEO, Dr. J Dentistry Professional Corp.

\_\_\_\_\_  
(if the lien does not attach to the premises, a concise description of the premises, including addresses,  
and the name and address of the person or body to whom the claim for lien must be given)