

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

Construction Act

Town of Oakville

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

100- 2010 Winston Park Dr., Oakville, ON L6H 6P5

(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:

Office Renovation

(short description of the improvement)

to the above premises was substantially performed on April 5th, 2023

(date substantially performed)

Date certificate signed: April 18th, 2023

(payment certifier where there is one)

Nathalie Gingras

Ria Principe

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

Name of owner: Molnlycke Health Care

Address for service: 100- 2010 Winston Park Dr., Oakville, ON L6H 6P5

Name of contractor: Ingenuity Development Inc.

Address for service: 3800A Laird Road, Unit 1 Mississauga, Ontario, L5L 0B2

Name of payment certifier (where applicable): N/A

Address: _____

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

100- 2010 Winston Park Dr., Oakville, ON L6H 6P5

(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, 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)