

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

Construction Act

Toronto ON _____,

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

610 University Ave., Toronto, ON M5G 2C1 _____,

(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:

Brachytherapy Turnkey Project SAP 110023021 _____

(short description of the improvement)

to the above premises was substantially performed on March 13, 2023 _____.

(date substantially performed)

Date certificate signed: April 5, 2024 _____

(payment certifier where there is one - signature required)


Courtney Laurin, HCS





Lori Cedano, Manager
UHN, FM-PRO Redevelopment

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

Name of owner: UHN Princess Margaret Hospital

Address for service: 610 University Ave., Toronto, ON M5G 2C1

Name of contractor: Elekta LTD

Address for service: 2050 Rue de Bleury Suite 200, Montréal, QC H3A 2J5

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

UHN Princess Margaret Hospital at 610 University Ave., Toronto, ON M5G 2C1

(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)