



Gurjit Singh

GURJIT SINGH

DOB	SEX	HEIGHT	WEIGHT
30-09-58	F	163	
MAP	EYES		
83	BROWN		

3548229

PSV #703

BLK 7

Agent = Sand Kumar
Sawari

Brokerage = Century 21
Legacy

SOCIAL INSURANCE NUMBER	CANADA	NUMÉRO D'ASSURANCE SOCIALE
477 992 713		
SUPPLY NAME RANGE		
SIGNATURE		

95V # 703

BLK 7

Agent# = SUNIL KUMAR SAGAR
 Brokerage: Century 21 Legacy

INDIVIDUAL IDENTIFICATION INFORMATION RECORD
Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

Vendor: AMACON DEVELOPMENT (CITY CENTRE) CORP.

Lot/Suite #: 703 Phase/Tower: ONE Plan No.:

Street: in the City of Mississauga

Date of Offer: May 08, 2012

Sales Representative:

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | GURJIT SINGH |
| 2. Address: | 85 THORNDALE ROAD,
BRAMPTON, ONTARIO, L6P 1K4 |
| 3. Date of Birth: | September 30, 1958 |
| 4. Principal Business or Occupation: | Office Manager |
| 5. Identification Document (must see original): | Canadian Citizenship Card |
| 6. Document Identification Number: | RES. CARD-3548229 |
| 7. Issuing Jurisdiction: | Canada |
| 8. Document Expiry Date (must not be expired): | NIL |

NOTE: This section must be completed for each purchaser. If the individual refuses to provide information must make a record of same detailing what efforts were made to get such information.

Acceptable Identification Documents: birth certificate, driver's licence, passport, record of landing, permanent resident card, old age security card, certificate of Indian Status or SIN card (although SIN numbers are NOT to be provided to FINTRAC). If the identification is from a foreign jurisdiction should be equivalent to one of the above noted documents. Provincial health card NOT an acceptable form of identification.

Verification of Third Parties (if applicable) (N/A)

Note: Must be completed with a client or unrepresented individual if acting on behalf of a third party. If you suspect the client is acting on behalf of a third party but cannot verify same you must keep record of that fact.

- | | |
|---|-------|
| 1. Name of third Party: | _____ |
| 2. Address: | _____ |
| 3. Date of Birth: | _____ |
| 4. Principal Business or Occupation: | _____ |
| 5. Incorporation number and place of issue (corporations/other entities only) | _____ |
| 6. Relationship between third party and client: | _____ |