

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 #: **1210** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 09, 2012**

Sales Representative:

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | RUBINA FAROOQ |
| 2. Address: | 1-601 SHORELINE DRIVE,
MISSISSAUGA, ONTARIO, L5B 4K6 |
| 3. Date of Birth: | August 23, 1965 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>F06476760655823</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

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)

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: | _____ |

**Ontario**

Driver's Licence
Permis de conduire

ON
CANADA



NAME / NOM
FAROOQ
RUBINA

ADDRESS / ADRESSE
1-601 SHORELINE DRIVE
MISSISSAUGA, ON L5B 4K6

IDENTIFICATION NUMBER / NUMERO D'IDENTIFICATION
F0647 - 67606 - 55823

ISSUE DATE / DATE DE DELIVRANCE
2011/06/08

EXPIRATION DATE / DATE D'EXPIRATION
2013/06/08

IDENTIFICATION NUMBER / NUMERO D'IDENTIFICATION
CA6522935

HEIGHT / HAUTEUR
160 cm

SEX / SEXE
F

CLASS / CLASSE
G1


Rubina Farooq

DOB / DATE DE NAISSANCE
1965/08/23

IDENTIFICATION NUMBER / NUMERO D'IDENTIFICATION
9541386