

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

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **1605**    Phase/Tower: **TWO**    Plan No.:

Street: in the of

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

Sales Representative: **NICHOLAS**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>LAI CHONG HUM</b>                              |
| 2. Address:                                     | <b>879 CONNORS LANDING,<br/>MILTON, , L9T 5C2</b> |
| 3. Date of Birth:                               | <b>July 09, 1947</b>                              |
| 4. Principal Business or Occupation:            | <u>Retired</u>                                    |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENSE</u>                           |
| 6. Document Identification Number:              | <u><b>H9236-43924-70709</b></u>                   |
| 7. Issuing Jurisdiction:                        | <u>PROVINCIAL</u>                                 |
| 8. Document Expiry Date (must not be expired):  | <u>07/09/2016</u>                                 |

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.

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**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:   | <u></u> |
| 2. Address:   | <u></u> |
| 3. Date of Birth:   | <u></u> |
| 4. Principal Business or Occupation:  | <u></u> |
| 5. Incorporation number and place of issue (corporations/other entities only) | <u></u> |
| 6. Relationship between third party and client:                               | <u></u> |

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

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>SUT JING HUM WOO</b>                           |
| 2. Address:                                     | <b>879 CONNORS LANDING,<br/>MILTON, , L9T 5C2</b> |
| 3. Date of Birth:                               | <b>December 17, 1951</b>                          |
| 4. Principal Business or Occupation:            | <u>Retired</u>                                    |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u>                           |
| 6. Document Identification Number:              | <u><b>W6461-72805-16217</b></u>                   |
| 7. Issuing Jurisdiction:                        | <u>PROVINCIAL</u>                                 |
| 8. Document Expiry Date (must not be expired):  | <u>12/17/2012</u>                                 |

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- |   |       |
|---|-------|
| 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: **WOO**  
SUT JING HUM  
879 CONNORS LANDING  
MILTON, ON, L9T 5C2

NUMBER / NUMERO: **W6461 - 72805 - 16217**

ISS / DEL: **2009/06/15** EXPI / EXP: **2012/12/17**

ID / REF: **AL1221241** HGT / HAUT: **157 cm**


SEX / SEXE: **F**


CLASS: **G**

STATUS: **1**

REST / RES: **X**

DOB / DN: **1951/12/17** **2020957**

 **Ontario** Driver's Licence / Permis de conduire **ON** CANADA



NAME / NOM: **HUM**  
LAICHONG  
879 CONNORS LANDING  
MILTON, ON, L9T 5C2

NUMBER / NUMERO: **H9236 - 43924 - 70709**

ISS / DEL: **2011/05/26** EXPI / EXP: **2016/07/09**

ID / REF: **CA5004265** HGT / HAUT: **163 cm**

SEX / SEXE: **M**

CLASS: **GM**

STATUS: **1**

REST / RES: **X**

DOB / DN: **1947/07/09** **9494588**