

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 #: **1705** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 12, 2012**

Sales Representative: **Reena**

Verification of Individual

1. Full Legal Name of Individual: **ALICJA KRYSTYNA WATSON**
2. Address: **3334 CHOKECHERRY CRES,
MISSISSAUGA, ONTARIO, L5L 1A9**
3. Date of Birth: **June 10, 1954**
4. Principal Business or Occupation: Mississauga Library (City of Miss.)
5. Identification Document (must see original): Passport
6. Document Identification Number: **WS208207**
7. Issuing Jurisdiction: Ontario
8. Document Expiry Date (must not be expired): January 14, 2013

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: _____



MENTIONS ET RESTRICTIONS

Le passeport est valable pour tous les pays, sauf indication contraire.
(Le titulaire doit également se conformer aux formalités d'entrée des
pays où il a l'intention de se rendre.)

Olivia Hansen



PASSPORT
PASSEPORT

CANADA



Type/Type

Issuing Country/Pays émetteur

Passport No./N° de passeport

P

CAN

WS208207

Surname/Nom

WATSON

Given names/Prénoms:

ALICJA KRYSZYNA

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

10 JUNE/JUIN 54

Sex/Sexe:

Place of birth/Lieu de naissance

• **F**

KIELCE POL

Date of issue/Date de délivrance

Issuing Authority/Autorité de délivrance

17 JAN / JAN 08 MISSISSAUGA

Date of expiry/Date d'expiration

17 JAN / JAN 13

P<CANWATSON<<ALICJA<KRYSTYNA<<<<<<<<<<<<<<
WS208207<7CANS406102F1301173<<<<<<<<<<<<<<O4

P\CANWATSON P\ALICJA P\KRYSTYNA
WS208207 WS7CANS406102 F1301173 O4 *****

Rec'd June 12, 2012

