

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

Street: in the of

Date of Offer: **June 10, 2012**

Sales Representative: **BRITTNEY**

Verification of Individual

1. Full Legal Name of Individual: **Yourik Hacoupian**
2. Address: **25 KINGSBRIDGE GARDEN CR. Apt 217,
MISSISSAUGA, ONTARIO, L5R 4B1**
3. Date of Birth: **August 25, 1979**
4. Principal Business or Occupation: **STAY @ HOME**
Self-employed
5. Identification Document (must see original): **DRIVER'S**
LICENCE
6. Document Identification Number: **H0777-0007-90825**
7. Issuing Jurisdiction: **2012/02/27 ONTARIO**
8. Document Expiry Date (must not be expired): **2016/08/11**

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: _____

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Sales Representative: **BRITTNEY**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | Talin Hacoupan |
| 2. Address: | 25 KINGSBRIDGE GARDEN CR.Apt 217,
MISSISSAUGA, ONTARIO, L5R 4B1 |
| 3. Date of Birth: | August 11, 1981 |
| 4. Principal Business or Occupation: | <u>IT ENGINEER</u> |
| 5. Identification Document (must see original): | <u>DRIVERS LICENCE</u> |
| 6. Document Identification Number: | <u>H0077-73208-15811</u> |
| 7. Issuing Jurisdiction: | <u>0012/05/09 Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2014/08/25</u> |


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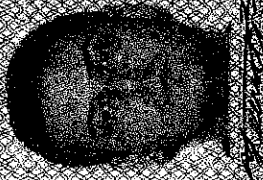
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| 6. Relationship between third party and client: | _____ |



Ontario

Driver's Licence
Permis de conduire

ON
CANADA



NAME / NOM
HACQUIRI
YOURIK

ADDRESS / ADRESSE
17226 KINGSBRIDGE GRDN CIR
MISSISSAUGA, ON L6R 4B1

NUMBER / NUMERO
H0077 - 79007 - 90825

DOB / DATE
2012/05/09

DOB REF / DATE REF
CH3593786

SEX / SEXE
M

CLASS / CLASSE
G


STATUS / STATUT
X

EXPIRATION / EXPIRATION
2014/08/25

HEIGHT / HAUTEUR
186 cm

WEIGHT / POIDS
73007 30825

DOB / DATE
1979/08/25



3264 119

