

Ontario Driver's Licence Permis de conduire ON

NAME/NOM: SANSALONE, NICH
RES: 82 CENTRAL PARKWAY W, MISSISSAUGA, ON, L5B 1L5
NUMBER/NUMERO: S0469 - 59108 - 00508
EXPIRY/EXPIRATION: 2011/05/12
SEX/SEX: M
CLASS: G
CITY: MISSISSAUGA
DOB: 1965/05/08
HGT/HAUT: 178 cm

1965/05/08 178 cm

ServiceOntario.ca

CATÉGORIE

véhicules légers, (max. 11 000 kg)
véhicules lourds (max. 4600 kg)
véhicules de transport de véhicules
véhicule agricole
véhicule pour plus de 4600 kg

12 RESTRICTIONS / CONDITIONS

CA3681732

(11000 kg max.) Véhicule pour plus de
11000 kg max. Véhicule pour plus de 11000 kg



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 #: **1109** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 11, 2012**

Sales Representative: **ANTHONY S.**

Verification of Individual

- | | |
|-------------------------------------------------|----------------------------------------------------------------|
| 1. Full Legal Name of Individual: | Nick Sansalone |
| 2. Address: | 82 CENTRAL PARKWAY W,
MISSISSAUGA, ONTARIO, L5B 1L5 |
| 3. Date of Birth: | May 08, 1980 |
| 4. Principal Business or Occupation: | <u>TEACHER</u> |
| 5. Identification Document (must see original): | <u>DRIVER LICENCE</u> |
| 6. Document Identification Number: | <u>S04695910800508</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>2016/05/08</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.

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: | _____ |