

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 #: **1409** Phase/Tower: **TWO** Plan No.:

Street: in the of

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

Sales Representative:

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | JOSE DE MATOS |
| 2. Address: | 3215 VALCOURT CRES,
MISSISSAUGA, ONTARIO, L5L 5K2 |
| 3. Date of Birth: | May 19, 1962 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>D24534102620519</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
Permis de conduire
CANADA



1. NAME / NOM
DE MATOS,
JOSE C
2. ADDRESS / ADRESSE
3215 VALCOURT CRS
MISSISSAUGA, ON, L5L 5K2
3. DATE OF BIRTH / DATE DE NAISS
1962/05/19
4. ISS/DEL
2008/05/07
5. DO/REF
AC7496619
6. SEX / SEVE
M
7. CLASS /
G
8. CATE
1962/05/19
9. D2453-41026-20519
10. EXP/EXP
2013/05/19
11. HGT/HAUT
167 cm
12. CORR
7760930