

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 #: **2002** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 07, 2012**

Sales Representative: **Reena Kathuria**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | ANGELA SUBRAMANIAM |
| 2. Address: | 12 LILLIAN CRESCENT,
BRAMPTON, ONTARIO, L6R 3P9 |
| 3. Date of Birth: | April 23, 1964 |
| 4. Principal Business or Occupation: | <u>Logistics</u> |
| 5. Identification Document (must see original): | <u>Dr. Lic</u> |
| 6. Document Identification Number: | <u>S9035-04306-45423</u> |
| 7. Issuing Jurisdiction: | <u>PROV-ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>April 23, 2013</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: | _____ |

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

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Street: in the of

Date of Offer: **July 07, 2012**

Sales Representative: **Reena Kathuria**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | SUBRAMANIAM PALGHAT RANGARAJ |
| 2. Address: | 12 LILLIAN CRESCENT,
BRAMPTON, ONTARIO, L6R 3P9 |
| 3. Date of Birth: | June 09, 1961 |
| 4. Principal Business or Occupation: | <u>customer service</u> |
| 5. Identification Document (must see original): | <u>Dr - Lic</u> |
| 6. Document Identification Number: | <u>R0420-72676-10609</u> |
| 7. Issuing Jurisdiction: | <u>PROV - ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>June 9, 2016</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



1,2 NAME/NOM
**RANGARAJ,
 SUBRAMANIAM, PALGHAT**
 3 35 SERENITY LANE
 BRAMPTON, ON, L6R 2T1

4d NUMBER/
 NUMERO **R0420 - 72676 - 10609**

4a ISS/DEL **2011/05/25** 4b EXP/EXP **2016/06/09**

5 DO/REF **CA4860743** 16 HGT/HAUT **178 cm**

6 SEX/SEXE **M**

7 CLASS/
 CATEG **D**

12 REST/
 COND **X**

1 DOB/DN **1961/06/09** *9484333*


Ontario

Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/NOM
**SUBRAMANIAM,
 ANGELA**
 3 35 SERENITY LANE
 BRAMPTON, ON, L6R 2T1

4d NUMBER/
 NUMERO **S9035 - 04306 - 45423**

4a ISS/DEL **2009/01/13** 4b EXP/EXP **2013/04/23**

5 DO/REF **AH5221531** 16 HGT/HAUT **157 cm**

6 SEX/SEXE **F**

7 CLASS/
 CATEG **G**

12 REST/
 COND

1 DATE OF BIRTH/DATE DE NAISS **1964/04/23** *0494119*