

**INDIVIDUAL IDENTIFICATION INFORMATION RECORD**  
**Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.***

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

Lot/Suite #: **3201**    Phase/Tower: **TWO**    Plan No.:

Street: in the of

Date of Offer: **June 21, 2012**

Sales Representative: **Ivana Cosic**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>ROBERT G. KALTRACHIAN</b>                                      |
| 2. Address:                                     | <b>325 WEBB DRIVE Apt 1711,<br/>MISSISSAUGA, ONTARIO, L5B 3Z9</b> |
| 3. Date of Birth:                               | <b>July 31, 1969</b>  |
| 4. Principal Business or Occupation:            | _____   |
| 5. Identification Document (must see original): | _____   |
| 6. Document Identification Number:              | <b><u>K0324-65846-90731</u></b>                                   |
| 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.

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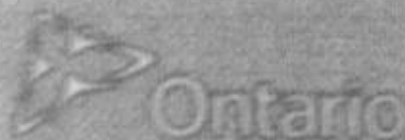
**Verification of Third Parties (if applicable)**

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:                               | _____ |

(647) 893-8252

Kaltrachian@gmail.com



Driver's Licence  
Permis de conduire

ON  
CANADA

12 NAME NOM

KALTRACHIAN,  
ROBERT, GEORGES  
1711-325 WEBB DR  
MISSISSAUGA, ON, L5B 3Z9

14 NUMBER  
NUMERO

K0324 - 65846 - 90731

16 ISS/DEL

2009/12/31

18 EXP/EXP

2011/07/18

19 DOB/REF

AP1126432

20 HGT/HAUT

178 cm

21 SEX/SEXE

M

22 CLASS/

G

23 CATEG

24 REST/

COND

\*3980518\*

DATE OF BIRTH DATE DE NAISS

1969/07/31

