

**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 #: **2705** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **August 18, 2012**

Sales Representative: **richmond**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>CARLO ANTONIO PASQUALINO</b>                                |
| 2. Address:                                     | <b>12159 HUMBER STATION ROAD,<br/>BOLTON, ONTARIO, L7E 3S3</b> |
| 3. Date of Birth:                               | <b>May 01, 1986</b>  |
| 4. Principal Business or Occupation:            | <u>Self employed (flooring / construction)</u>                 |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>  |
| 6. Document Identification Number:              | <b><u>P0761-11018-60501</u></b>                                |
| 7. Issuing Jurisdiction:                        | <u>Ont</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2015/5/1</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.

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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.

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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  
PASQUALINO,  
CARLO, ANTONIO  
3 12159 HUMBER STN RD  
CALEDON, ON, L7E 3S3

4d NUMBER /  
NUMERO P0761 - 11018 - 60501  
4e ISS / DEL 2011/05/02 4h EXP / EXP 2015/05/01  
5 DO / REF CA2125677 15 HGT / HAUT 178 cm  
10 SEX / SEXE M  
9 CLASS /  
CATEG G  
12 REST /  
COND  
3 DUBOIN 1986/05/01 \*9211621\*



2705 - 9287,900

Agent: Anna Magros