

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

Street: in the of

Date of Offer: **December 19, 2012**

Sales Representative: **BRITTNEY**

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**Verification of Individual**

1. Full Legal Name of Individual: **KALAJINI ANANDARAJAH**
2. Address: **87 ACHILL CRES,  
MISSISSAUGA, ONTARIO, L5B 1L2**
3. Date of Birth: **March 02, 1960**
4. Principal Business or Occupation: Customer Service
5. Identification Document (must see original): Drivers Licence
6. Document Identification Number: **A5860-42406-05302**
7. Issuing Jurisdiction: Ontario
8. Document Expiry Date (must not be expired): 2015/03/02

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: \_\_\_\_\_

Ontario Driver's Licence Permis de conduire ON CANADA

1,2 NAME/NOM  
ANANDARAJAH,  
KALAJINI

3 ADDRESS/ADRESSE  
87 ACHILL CRESCENT  
MISSISSAUGA, ON, L5B 1L2

4 IDENTIFICATION NUMBER/NUMERO D'IDENTIFICATION  
A5860 - 42406 - 05302

5 EXPIRATION DATE/DATE D'EXPIRATION  
2010/01/05 2015/03/02

6 SEX/SEX  
F

7 HEIGHT/HAUTEUR  
163 cm

8 CLASS/CLASSE  
G

9 SIGNATURE/SIGNATURE  
*Anand*

10 DATE OF BIRTH/DATE DE NAISSANCE  
1960/03/02

11 COMBINATION OF NUMBERS/COMBINAISON DE NUMEROS  
\*4005581\*

*Anand*