

**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 #: **302**      Phase/Tower: **ONE**      Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **November 26, 2013**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

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| 1. Full Legal Name of Individual:               | <b>SHERICE AMANDA ANNIS</b>                              |
| 2. Address:                                     | <b>26 CRESTVIEW AVE.,<br/>BRAMPTON, ONTARIO, L6W 2R6</b> |
| 3. Date of Birth:                               | <b>August 25, 1983</b>                                   |
| 4. Principal Business or Occupation:            | <u>Child and Youth Counsellor</u>                        |
| 5. Identification Document (must see original): | <u>Driver's licence</u>                                  |
| 6. Document Identification Number:              | <b><u>A5944-70718-35825</u></b>                          |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>August 25, 2014</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:                               | _____ |