

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

Street: in the **City of Mississauga**

Date of Offer: **April 17, 2012**

Sales Representative: **ALEN CIKOJA**

Verification of Individual

1. Full Legal Name of Individual: **JUDITH D. FLORES**
2. Address: **873 OASIS DRIVE,
MISSISSAUGA, ONTARIO, L5V 0C6**
3. Date of Birth: **May 26, 1962**
4. Principal Business or Occupation: Head Custodian - Peel School Board.
5. Identification Document (must see original): _____
6. Document Identification Number: **F5543-41726-25526**
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.

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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Sales Representative: **ALEN CIKOJA**

Verification of Individual

1. Full Legal Name of Individual: **EDILBERTO RAMOS FLORES**
2. Address: **873 OASIS DRIVE,
MISSISSAUGA, ONTARIO, L5V 0C6**
3. Date of Birth: **January 10, 1962**
4. Principal Business or Occupation: Reel District School Board Secretary.
5. Identification Document (must see original): _____
6. Document Identification Number: **F5543-18976-20110**
7. Issuing Jurisdiction: _____
8. Document Expiry Date (must not be expired): _____

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