

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

Street: in the **City of Mississauga**

Date of Offer: **September 21, 2013**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | James Pico Lopez |
| 2. Address: | 490 ORANGE WALK CRES,
MISSISSAUGA, ONTARIO, L5R 0A5 |
| 3. Date of Birth: | February 10, 1965 |
| 4. Principal Business or Occupation: | <u>MATERIAL HANDLER</u> |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u> |
| 6. Document Identification Number: | <u>L65303837650210</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>FEB 10, 2016</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.

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: | <u></u> |
| 2. Address: | <u></u> |
| 3. Date of Birth: | <u></u> |
| 4. Principal Business or Occupation: | <u></u> |
| 5. Incorporation number and place of issue (corporations/other entities only) | <u></u> |
| 6. Relationship between third party and client: | <u></u> |

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Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | Redelma Alcanta Lopez |
| 2. Address: | 490 ORANGE WALK CRES,
MISSISSAUGA, ONTARIO, L5R 0A5 |
| 3. Date of Birth: | December 23, 1968 |
| 4. Principal Business or Occupation: | Early Childhood Educator |
| 5. Identification Document (must see original): | DRIVER'S LICENCE |
| 6. Document Identification Number: | <u>L65306461686223</u> |
| 7. Issuing Jurisdiction: | ONTARIO |
| 8. Document Expiry Date (must not be expired): | AUG 18, 2017 |

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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: _____