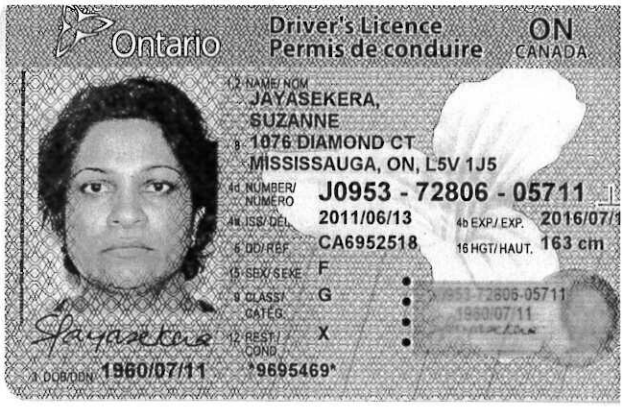
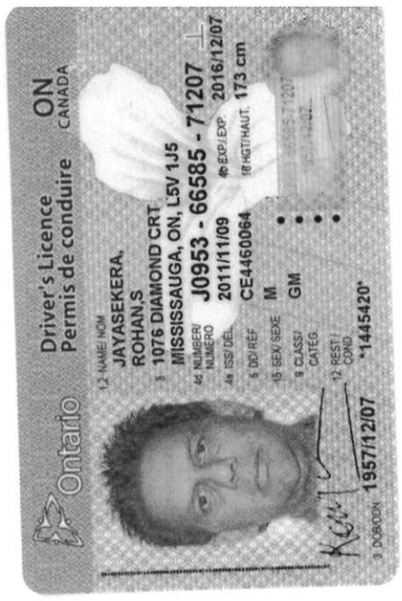

Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
JAYASEKERA,
SUZANNE
8 1076 DIAMOND CT
MISSISSAUGA, ON, L5V 1J5
4d NUMBER/ NUMÉRO
J0953 - 72806 - 05711
4a ISS/ DÉL.
2011/06/13
4b EXP./ EXP.
2016/07/1
6 DD/ REF.
CA6952518
15 HGT/ HAUT.
163 cm
15 SEX/ SEXE
F
9 CLASS/ CATÉG.
G
12 REST./ COND.
X
3 DOB/ DDN
1960/07/11
9695469

UNIT 718


ServiceOntario.ca
9 CLASS/ CATÉGORIE
Automobile/combin. (max. 11,000 kg), towed vehicle (max. 4600 kg)
Automobile/ensembles de véhicules (11000 kg max.), véhicule remorqué ne dépassant pas 4600 kg
12 RESTRICTIONS/ CONDITIONS
Corr Lenses/Verres corr.
(11000 kg max.), véhicule remorqué ne dépassant pas 4600 kg
CA695251



Add purchaser

PSV-1718

416-616 4365 - cell phone

SIN: 483 715 785

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

Street: in the **City** of **Mississauga**

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

Sales Representative: **IVANA Cosic**

Verification of Individual

1. Full Legal Name of Individual: **SUZANNE JAYASEKERA**
2. Address: **1076 DIAMOND CT., MISSISSAUGA, ONTARIO, L5V 1J5**
3. Date of Birth: **July 11, 1960**
4. Principal Business or Occupation: Nurse
5. Identification Document (must see original): _____
6. Document Identification Number: **J0953-72806-05711**
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: _____