

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 #: **1508** Phase/Tower: **ONE** Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **May 09, 2012**Sales Representative: **REENA**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | GURPREET MANDEIR |
| 2. Address: | 4493 HEARTHSIDE DR.,
MISSISSAUGA, ONTARIO, L5R 1R6 |
| 3. Date of Birth: | September 04, 1971 |
| 4. Principal Business or Occupation: | Truck Driver |
| 5. Identification Document (must see original): | Dr. Lic |
| 6. Document Identification Number: | <u>M0395-30807-10904</u> |
| 7. Issuing Jurisdiction: | PROV-ON |
| 8. Document Expiry Date (must not be expired): | Sept 4, 2015 |

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: **REENA**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | SUKHJINDER PADDA |
| 2. Address: | 4493 HEARTHSIDE DR.,
MISSISSAUGA, ONTARIO, L5R 1R6 |
| 3. Date of Birth: | February 05, 1962 |
| 4. Principal Business or Occupation: | <u>Reactor / Driving Instructor.</u> |
| 5. Identification Document (must see original): | <u>Dr. Lic</u> |
| 6. Document Identification Number: | <u>P0090-72606-20205</u> |
| 7. Issuing Jurisdiction: | <u>pro - ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>Feb 5, 2015</u> |

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