

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 #: **1701** Phase/Tower: **ONE** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **February 26, 2012**

Sales Representative: **Ivana Cosic**

Verification of Individual

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| 1. Full Legal Name of Individual: | ILHAM JASER |
| 2. Address: | 1512-550 WEBB DR,
MISSISSAUGA, ONTARIO, L5B 3Y4 |
| 3. Date of Birth: | May 20, 1977 |
| 4. Principal Business or Occupation: | <u>Esthetician</u> |
| 5. Identification Document (must see original): | <u>Drivers License</u> |
| 6. Document Identification Number: | <u>J07323600775520</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2013/05/20.</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.

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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: | _____ |