

**INDIVIDUAL IDENTIFICATION INFORMATION RECORD**  
**Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.***

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **1708**    Phase/Tower: **ONE**    Plan No.:

Street: in the City of **Mississauga**

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

Sales Representative:

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**Verification of Individual**

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|---|---|
| 1. Full Legal Name of Individual:               | <b>Dong Lan Bai</b>                                       |
| 2. Address:                                     | <b>3470 COPERNICUS,<br/>MISSISSAUGA, ONTARIO, L5B 3K5</b> |
| 3. Date of Birth:                               | <b>December 15, 1964</b>                                  |
| 4. Principal Business or Occupation:            | <u>SELF-EMPLOYED</u>                                      |
| 5. Identification Document (must see original): | _____   |
| 6. Document Identification Number:              | <u><b>Residence Card 5815-0837</b></u>                    |
| 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.

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**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:                               | _____ |