

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

Street: in the City of **Mississauga**

Date of Offer: **December 08, 2014**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>ALBA L AVILA BERMUDEZ</b>  |
| 2. Address:                                     | <b>175 SHAUGHNESSY BLVD Apt 506,<br/>NORTH YORK, ONTARIO, M2J 1K1</b> |
| 3. Date of Birth:                               | <b>April 22, 1971</b>   |
| 4. Principal Business or Occupation:            | <u>Psychologist</u>   |
| 5. Identification Document (must see original): | <u>Driver's License</u>   |
| 6. Document Identification Number:              | <b><u>A9546-01667-15422</u></b>                                       |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2019/08/26</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.

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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:                               | _____ |



Ontario

Driver's Licence  
Permis de conduire

ON  
CANADA



*[Signature]*

3 DOR/DON 1971/04/22

1,2 NAME/NOM

AVILA BERMUDEZ,  
ALBA,L

5 506-175 SHAUGHNESSY BLVD  
NORTH YORK, ON, M2J 1K1

4d NUMBER/  
NUMERO

A9546 - 01667 - 15422

4b ISS/DEL

2014/08/27

4b EXP/EXP 2019/08/26

6 DDI REF

CZ7252405

16 HGT/HAUT 163 cm

13 SEX/SEXE

F

9 CLASS/  
CATEG

G1

15 01667-15422

1971/04/22

12 REST/  
COND