

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

Street: in the City of **Mississauga**

Date of Offer: **November 02, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | GITA ANDOORVEEDU |
| 2. Address: | 4698 CENTRETOWN WAY,
MISSISSAUGA, ONTARIO, L5R 0C9 |
| 3. Date of Birth: | June 12, 1969 |
| 4. Principal Business or Occupation: | <u>TEACHER</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | |
| 7. Issuing Jurisdiction: | <u>Ont</u> |
| 8. Document Expiry Date (must not be expired): | <u>2016/6/12</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.

- | | |
|---|---------|
| 1. Name of third Party: | <u></u> |
| 2. Address: | <u></u> |
| 3. Date of Birth: | <u></u> |
| 4. Principal Business or Occupation: | <u></u> |
| 5. Incorporation number and place of issue (corporations/other entities only) | <u></u> |
| 6. Relationship between third party and client: | <u></u> |

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Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | JAYACHANDRAN MAKUNI |
| 2. Address: | 4698 CENTRETOWN WAY,
MISSISSAUGA, ONTARIO, L5R 0C9 |
| 3. Date of Birth: | May 18, 1965 |
| 4. Principal Business or Occupation: | <u>ENGINEER</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | <u>M0228-39106-50518</u> |
| 7. Issuing Jurisdiction: | <u>ONT</u> |
| 8. Document Expiry Date (must not be expired): | <u>2017/5/18</u> |

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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: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/NOM

MAKUNI,

JAYACHANDRAN

8 4698 CENTRETOWN WAY

MISSISSAUGA, ON, L5R 0C9

4a NUMBER/
NUMERO

M0228 - 39106 - 50518

4a ISS/DEL

2012/04/02

5 DD/REF

CG8799830

15 SEX/SEXE

M

9 CLASS/

G

CATEG.

12 REST./

COND.

3 DOB/DN 1965/05/18

2861476

4b EXP/EXP. 2017/05/18

16 HGT/HAUT. 188 cm

13 39106-50518

1965-05-18



Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/NOM

ANDOORVEEDU,

GITA

8 4698 CENTRETOWN WAY

MISSISSAUGA, ON, L5R 0C9

4a NUMBER/
NUMERO

A5879 - 29106 - 95612

4a ISS/DEL

2011/05/04

5 DD/REF

CA2479729

15 SEX/SEXE

F

9 CLASS/

G

CATEG.

12 REST./

COND.

3 DOB/DN 1969/06/12

9240465

4b EXP/EXP. 2016/06/12

16 HGT/HAUT. 165 cm

13 29106-95612

1969-06-12