

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 #: **919** Phase/Tower: **9 South** Plan No.:

Street: **4055-4085 Parkside Village Drive** in the City of **Mississauga**

Date of Offer: **April 18, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | SARABJIT KAUR GADRI |
| 2. Address: | 56 TILLER TRAIL,
BRAMPTON, ONTARIO, L6X 4S6 |
| 3. Date of Birth: | April 09, 1965 |
| 4. Principal Business or Occupation: | <u>Teacher</u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>G0113-69156-55409</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.

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: | _____ |

Teacher

Sand Oceanair@yahoo.ca

416-625-4363

Ontario Driver's Licence
Permis de conduire ON CANADA

12 NAME/ NOM
GADRI,
SARAJIT KAUR
36 TILER TRAIL
BRAMPTON, ON, L6X 4S6

14 NUMBER/ NUMERO
G0113 - 69156 - 55409

15 ISS/DEL. 2014/09/11

16 EXP/EXP. 2016/04/09

17 SEX/SEX F

18 CND. 028279263

19 CLASS/ CLASSE G

20 REG. 0113-09156-55409

21 RESID. 0113-09156-55409

22 CMND. 0113-09156-55409

23 SIGNATURE/ SIGNATURE
SARAJIT KAUR

24 DOB/DOB 1965/04/09