

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

Street: in the **City of Mississauga**

Date of Offer: September 25, 2014

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | KEVIN JOHN VALLADARES |
| 2. Address: | 20 PLOVER PLACE,
BRAMPTON, ONTARIO, L6W 4C5 |
| 3. Date of Birth: | August 08, 1959 |
| 4. Principal Business or Occupation: | MECHANIC. |
| 5. Identification Document (must see original): | DRIVER'S LICENCE |
| 6. Document Identification Number: | <u>V0290-43355-90808</u> |
| 7. Issuing Jurisdiction: | ON |
| 8. Document Expiry Date (must not be expired): | 2016/8/8 |

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: _____

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Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | LORRAINE ANN VALLADARES |
| 2. Address: | 20 PLOVER PLACE,
BRAMPTON, ONTARIO, L6W 4C5 |
| 3. Date of Birth: | August 28, 1963 |
| 4. Principal Business or Occupation: | <u>Administrative Assistant.</u> |
| 5. Identification Document (must see original): | <u>Pr</u> |
| 6. Document Identification Number: | <u>V0290-48716-35828</u> |
| 7. Issuing Jurisdiction: | <u>Driver's Licence</u> |
| 8. Document Expiry Date (must not be expired): | <u>2019/8/28</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: | _____ |

PSV 615

Lorraine Flowe

25 Sep 2014

Riding

Ontario Driver's Licence / Permis de conduire **ON** CANADA

1,2 NAME/NOM
VALLADARES,
LORRAINE A

8 20 PLOVER PLACE
BRAMPTON, ON, L6W 4C5

4d NUMBER/
NUMERO
V0290 - 48716 - 35828

4a ISS/DEL 2014/07/28 4b EXP/EXP 2019/08/28

5 DD/REF CZ2201637

15 SEX/SEXE F 16 HGT/HAUT 157 cm

9 CLASS/ CATEG G 12 REST/ COND X

3 DOB/GEN 1963/08/28

Lorraine Valladares

Ontario Driver's Licence / Permis de conduire **ON** CANADA

1,2 NAME/NOM
VALLADARES,
KEVIN JOHN

8 20 PLOVER PL
BRAMPTON, ON, L6W 4C5

4d NUMBER/
NUMERO
V0290 - 43355 - 90808

4a ISS/DEL 2011/05/27 4b EXP/EXP 2016/08/08

5 DD/REF CA5881411

15 SEX/SEXE M 16 HGT/HAUT 163 cm

9 CLASS/ CATEG G 12 REST/ COND

3 DOB/GEN 1959/08/08 9515199*

Kevin Valladares