

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

Street: in the City of **Mississauga**

Date of Offer: **September 06, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | NADIA SINGH |
| 2. Address: | 5055 HEATHERLEIGH AVE Apt 107,
MISSISSAUGA, ONTARIO, L5V 2R8 |
| 3. Date of Birth: | May 04, 1955 |
| 4. Principal Business or Occupation: | <u>Banking</u> |
| 5. Identification Document (must see original): | <u>Passport</u> |
| 6. Document Identification Number: | <u>WM313172</u> |
| 7. Issuing Jurisdiction: | <u>Canada</u> |
| 8. Document Expiry Date (must not be expired): | <u>March 30th, 2015</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: | _____ |
| 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: | _____ |

647 808-1460 (5095 cell)

(Signature of bearer - Signature du titulaire)

PASSPORT
PASSPORT

CÂNÂN



Type/Type	Issuing Country/Pays émetteur	Passport No./N° de passeport
P	CAN	WM313172

Surname/Nom
SINGH

Given names/Prénoms

NADIA

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

04 MAY / MAI 55

Sex/Sexe

Place of birth/Lieu de naissance

7

MORA POINT GUY

Date of issue/Date de délivrance

Issuing Authority/Autorité de délivrance

30 MAR /MARS

MISSISSAUGA

Date of expiry/Date d'expiration

30 MAR /MARS 15

22

[illegible]