

**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 #: **3708**    Phase/Tower: **TWO**    Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **May 21, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>NAVEEN VASISHT</b>                                       |
| 2. Address:                                     | <b>41 BEACHVILLE CIRCLE,<br/>BRAMPTON, ONTARIO, L6X 0V2</b> |
| 3. Date of Birth:                               | <b>February 23, 1961</b>                                    |
| 4. Principal Business or Occupation:            | <u>BREWERYMAN</u>   |
| 5. Identification Document (must see original): | <u>Drivers License</u>                                      |
| 6. Document Identification Number:              | <u><b>V0745-58306-10223</b></u>                             |
| 7. Issuing Jurisdiction:                        | <u>ON</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2017/06/27</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)**

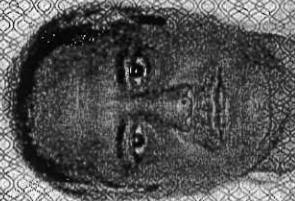
Note: Must be completed with a client or unrepresented individual if acting on behalf of a third party. If you suspect the client is acting on behalf of a third party but cannot verify same you must keep record of that fact.

- |   |       |
|---|-------|
| 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**



**NAME/NOM**  
**VASISHT**

**41 BEACHVILLE CIRCLE**  
**BRAMPTON, ON, L6X 0V2**

**46 NUMBER/NUMERO**  
**V0745 - 58306 - 10223**

**45 ISS/DEL**  
**2013/08/20**

**46 EXP/EXP**  
**2017/06/27**

**16 HGT/HAUT**  
**170 cm**


**5 DO/REF**  
**CR5971814**

**15 SEX/SEXE**  
**M**

**9 CLASS/CLASSE**  
**G**

**12 REST/REMARQUE**  
**COND**

**1 DOB/DOB**  
**1961/02/23**



PSV2 #3708

21 May 2013

Kim Garg Power Champion