

Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.*



Driver's Licence
Permis de conduire
ON
CANADA



1,2 NAME/ NOM

DAVID

DIOMEDES, F

8 3076 DOYLE ST

MISSISSAUGA, ON, L5M 0M9

4d NUMBER/

NUMERO

D0912 - 17036 - 31024

4a ISS/ DEL

2013/09/20

5 DD/ REF

CR9196334

15 SEX/ SEXE

M

9 CLASS/

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CATEG

12 REST/

COND

16 HGT/HAUT

175 cm

3 DOB/DN 1963/10/24



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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 #: **1018** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **April 26, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | MARIA VIVIAN DAVID |
| 2. Address: | 3076 DOYLE STREET,
MISSISSAUGA, ONTARIO, L5M 0M9 |
| 3. Date of Birth: | September 29, 1965 ✓ |
| 4. Principal Business or Occupation: | <u>Senior Funding Officer</u> |
| 5. Identification Document (must see original): | <u>Driver's license</u> |
| 6. Document Identification Number: | <u>D0912-51986-55929</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>Sept 29, 2019</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: | _____ |

 Ontario

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12 NAME / NOM
DAVID,
MARIA,VIVIAN
13076 DOYLE ST
MISSISSAUGA, ON, L5M 0M9

14 NUMBER /
NUMERO
D0912 - 51986 - 55929

15 ISS / DEL
2014/09/19

16 EXP / EXP
2019/09/29

17 DO / REF
CZ9247920

18 SEX / SEXE
F

19 CLASS /
CATEG
G

20 REST /
CORD
X

16 HGT / HAUT 168 cm

1985/09/29


1 DOB / CN 1965/09/29

Brjke