

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 #: **1514** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **August 24, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | ANDREW N SAMUELS |
| 2. Address: | 512 KAREN PARK CRES,
MISSISSAUGA, ONTARIO, L5A 3C6 |
| 3. Date of Birth: | January 07, 1989 |
| 4. Principal Business or Occupation: | <u>Loans</u> |
| 5. Identification Document (must see original): | <u>Driver's licence</u> |
| 6. Document Identification Number: | <u>S0376-04268-90107</u> |
| 7. Issuing Jurisdiction: | <u>ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>2021/1/7</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: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA

12 NAME / NOM

SAMUELS,
ANDREW, N

8 512 KAREN PARK CRES
MISSISSAUGA, ON, L5A 3C6

4d NUMBER/
NUMERO

S0376 - 04268 - 90107

4a ISS/DEL

2015/06/23

4b EXP/EXP 2021/01/07

5 DD/REF

DG1948249

15 HGT/HAUT 170 cm

15 SEX/SEXE

M

9 CLASS/
CATÉG.

G

12 REST/
COND.

3 DOB/DNI 1989/01/07



BNS 15/4