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 #: 516 Phase/Tower: 9 South Pla | n No.: |
| Street: 4055-4085 Parkside Village Drive in the City of Mississauga | |
| Date of Offer: July 29, 2015 | |
| Sales Representative: In2ition Realty | |
| | |
| Verification of Individual | |
| 1. Full Legal Name of Individual: | KAMLA TIRBAYNEE |
| 2. Address: | 82 RUBYSILVER DRIVE, BRAMPTON, ONTARIO, L6P 1R1 |
| 3. Date of Birth: | September 02, 1953 |
| 4. Principal Business or Occupation: | Accounts Receivable Passport. |
| 5. Identification Document (must see original): | Passport. |
| 6. Document Identification Number: | PASSPORT# QJ919531 |
| 7. Issuing Jurisdiction: | Canada. |
| 8. Document Expiry Date (must not be expired): | Sept 20/17. |
| 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:



ENDORSEMENTS AND LIMITATIONS



MENTIONS ET RESTRICTIONS

(Signature of bearer - Signature du titulaire)

PASSPORT PASSEPORT

CANADA

Type/Type

Issuing Country/Pays emetteur CAN

Passport No./N° de passeport

P

Surname/Nom

QJ919531



KAMLA Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

02 SEPT/SEPT 53

Sex/Sexe Place of birth/Lieu de naissance

Date of issue/Date de délivrance

COUVA TTO
ate de délivrance Issuing Authority/Autorité de délivrance

20 SEPT/SEPT 12 BRAMPTON

Date of expiry/Date d'expiration

20 SEPT/SEPT 17

Kamla Inbayne

P<CANTIRBAYNEE<<KAMLA<<<<<<<<<< QJ919531<1CAN5309029F1709207<<<<<<<<4