

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 #: **TH11** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **July 16, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | SUNDARARAO VISWANADHA |
| 2. Address: | 802 MILTONBROOK CRESCENT,
MILTON, ONTARIO, L9T 8N3 |
| 3. Date of Birth: | September 01, 1949 |
| 4. Principal Business or Occupation: | <u><i>J.T. Consulting</i></u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>V4684-72704-90901</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

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: | _____ |

TH-11

BLK NINE

Closed Nine TH11

For 18 July 15

Ontario Driver's Licence / Permis de conduire ON CANADA

1,2 NAME/NOM: VISWANADHA, SUNDARARAO
8 ADDRESS: 802 MILTONBROOK CRES MILTON, ON, L9T 8N3
4d NUMBER/NUMERO: V4684 - 72704 - 90901 L
4a ISS/DEL: 2015/04/24 4b EXP/EXP: 2020/06/22
5 DO/REF: DE2565647 16 HGT/HAUT: 162 cm
15 SEX/SEXE: M 9 CLASS/CATEG: G2
12 REST/COND: X

3 DOB/DBN: 1949/09/01

4684-72704-90901 1949/09/01

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 #: **TH11** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **July 16, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **CONFIGURE ENTERPRISES INC.**
2. Address: **802 MILTONBROOK CRESCENT,
MILTON, ONTARIO, L9T 8N3**
3. Date of Birth: _____
4. Principal Business or Occupation: Holding Co
5. Identification Document (must see original): _____
6. Document Identification Number: _____
7. Issuing Jurisdiction: _____
8. Document Expiry Date (must not be expired): _____

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: _____

NOTE: A Corporation/Entity Identification Information Record is required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. This Record must be completed by the REALTOR® member whenever they act in respect to the purchase or sale of real estate.

It is recommended that the Corporation/Entity Identification Information Record be completed:

- (i) for a buyer when the offer is submitted and/or a deposit made, and
- (ii) for a seller when the seller accepts the offer.

Suite TH-11

Transaction Property Address: In the City of Mississauga, in Regional Municipality of Peel and in Province of Ontario, being part of Concession 2 NDS comprised of Part Block 5, Plan 43 M-195

Sales Representative/Broker Name: Richmond Wilburn / In2ition Realty

Date: July 16, 2015

A.1. Verification of Corporation

1. Name of corporation: CONFIGURE ENTERPRISES INC.

2. Corporate Address: 170 Robert Speck Pkwy, Suite 203
MISSISSAUGA, ON L4Z 3G1

3. Nature of Principal Business: Holding Company

4. Name of Directors: As set out in certificate of corporate status or other record confirming corporation's existence.

SUNDARA RAO VISWANADHA
RATNA VISWANADHA

5. Type and Source of Verification Record:

Must confirm existence of the corporation (e.g., certificate of corporate status, published annual report, government notice of assessment). If record is in paper format, a copy must be kept. If record is an electronic version, a record of the corporation's registration number and type and source of record (e.g., Corporations Canada website) must be kept.

Certificate of Corporation & CBCA info sheet

6. Registration number of corporation: 859973-4

7. Copy of corporate record showing authority to bind corporation regarding transaction:

(e.g., certificate of incumbency, articles of incorporation, by-laws setting out officers duly authorized to sign on behalf of corporation)

A.2. Verification of Other Entity *(if applicable)*

1. Name of other entity:

2. Address:

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.....

3. Nature of Principal Business:

4. Type of Verification Record: Must confirm existence of other entity (e.g., partnership agreement, articles of association).

.....

5. Source of Record:

Record may be paper or an electronic version. If record is in paper format, a copy must be kept. If record is an electronic version, a record of the entity's registration number and type and source of record must be kept.

6. Registration number:

B. Verification of Third Parties *(if applicable)*

NOTE: Complete this section of the form when a client is acting on behalf of a third party. Where you cannot determine if there is a third party, but there are reasonable grounds to suspect the client is acting on behalf of a third party, you must keep a record of that fact.

1. Name of other entity:

2. Address:

.....

.....

3. Date of Birth:

4. Nature of Principal Business or Occupation:

.....

5. Incorporation number and place of issue *(if applicable)*:

.....

6. Relationship between third party and client:

.....

.....

Only complete Sections C and D for your clients.

C. Client Risk (*ask your Compliance Officer if this section is applicable*)

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below:

Low Risk

- ☐ Canadian Corporation or Entity
- ☐ Foreign Corporation or Entity that does not operate in a High Risk Country
- ☐ Other, explain:

Medium Risk

- ☐ Explain:

High Risk

- ☐ Foreign Corporation or Entity that operates in a High Risk Country
- ☐ Other, explain:

If you determined that the client's risk was high, tell your brokerage's Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.

D. Business Relationship

(ask your Compliance Officer when this section is applicable if you don't know)

D.1. Purpose and Intended Nature of the Business Relationship

Check the appropriate boxes.

Acting as an agent for the purchase or sale of:

☐ Land for Commercial Use

☐ Commercial property

☐ Other, please specify:

D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

D.2.1. If the client is a corporation, ask if its name and address and name of its directors have changed and if they have include the updated information on page one. If the client is an entity other than a corporation, ask if its name, address and principal place of business has changed and if they have include the updated information on page one.

D.2.2 Keep all correspondence with the client on file in order to maintain a record of the information you have used to monitor the business relationship with the client. Optional - if you have taken measures beyond simply keeping correspondence on file, specify them here:

D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage's business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied:

D.3 Suspicious Transactions

Don't forget, if you see something suspicious during the transaction report it to your Compliance Officer. Consult your policies and procedures manual for more information.