

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 #: **2804** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **June 20, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | ROBERT G. KALTRACHIAN |
| 2. Address: | 1013 SPRINGHILL DRIVE,
MISSISSAUGA, ONTARIO, L5H 1N2 |
| 3. Date of Birth: | July 31, 1969 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>K0324-65846-90731</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: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA

1,2 NAME/ NOM

KALTRACHIAN,
ROBERT, GEORGES
8 1013 SPRINGHILL DR
MISSISSAUGA, ON, L5H 1N2

4d NUMBER/
NUMÉRO

K0324 - 65846 - 90731

4a ISS/ DÉL.

2014/10/16

4b EXP./ EXP. 2019/08/26

5 DD/ RÉF.

DA2893148

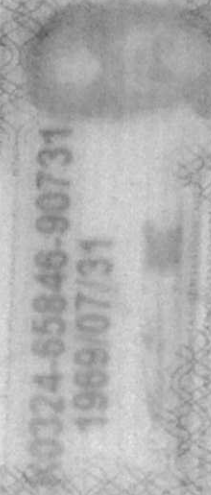
15 SEX/ SEXE

M

9 CLASS/
CATÉG.

G

12 REST./
COND.



3 DOB/DEN 1969/07/31

K0324-65846-90731
1969/07/31