

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

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

Date of Offer: **October 25, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | SIVARANEE BOOJHAWON |
| 2. Address: | 5795 ADAM STREET,
BROSSARD, QUEBEC, J5Z 1A8 |
| 3. Date of Birth: | March 15, 1953 |
| 4. Principal Business or Occupation: | <u>Secretary</u> |
| 5. Identification Document (must see original): | <u>Canadian Citizenship Card</u> |
| 6. Document Identification Number: | <u>6975303</u> |
| 7. Issuing Jurisdiction: | <u>Canada</u> |
| 8. Document Expiry Date (must not be expired): | <u>None</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: | _____ |

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Date of Offer: **October 25, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | PREMCHAND BOOJHAWON |
| 2. Address: | 5795 ADAM STREET,
BROSSARD, QUEBEC, J5Z 1A8 |
| 3. Date of Birth: | January 04, 1950 |
| 4. Principal Business or Occupation: | <u>Salesperson</u> |
| 5. Identification Document (must see original): | <u>Quebec</u> |
| 6. Document Identification Number: | <u>B2507-040150-05</u> |
| 7. Issuing Jurisdiction: | <u>Quebec Driver's Licence</u> |
| 8. Document Expiry Date (must not be expired): | <u>2018/Dec/18</u> |

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| 1. Name of third Party: | _____ |
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| 4. Principal Business or Occupation: | _____ |
| 5. Incorporation number and place of issue (corporations/other entities only) | _____ |
| 6. Relationship between third party and client: | _____ |

Agent Steve Mangos
Right to Honor

B95 #330

Oct-25, 2015
Richy

Québec

Permis de conduire



p. Boojhawon

4d **B2507-040150-05**

1 **BOOJHAWON**

2 **PREMCHAND**

3 Date de naissance (A-M-J) : **1950-01-04**

8 **5795 RUE ADAM**

BROSSARD

(QC) J4Z 1A8

15 Sexe : **M**

9 Classe(s) : **5**

12 Cond. : **A**

16 Taille (cm) : **165**

18 Yeux : **BRUN**

5 N° de référence : **PEDB69U1E**

4a **Valide le 2012-12-18** 4b **Expire le 2018-01-04**

Palement exigé chaque année à votre date
anniversaire de naissance

Government of Canada / Gouvernement du Canada

SIVARANEE BOOJHAWON

D.O.B. - D de N Y-A M D-J			SEX SEXE	HEIGHT CM TAILLE
53	03	15	F	157
YP-AP		EYES-YEUX		
99		BROWN		
6975303				

Signature