

**INDIVIDUAL IDENTIFICATION INFORMATION RECORD**  
Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **722**      Phase/Tower: **9 South**      Plan No.:

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

Date of Offer: **October 15, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>WANDA ZEBROWSKA</b>   |
| 2. Address:                                     | <b>1240 SHADELAND DRIVE,<br/>MISSISSAUGA, ONTARIO, L5C 1P5</b> |
| 3. Date of Birth:                               | <b>May 27, 1954</b>  |
| 4. Principal Business or Occupation:            | <u>NURSE</u>   |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>  |
| 6. Document Identification Number:              | <u><b>Z2087-77705-45527</b></u>                                |
| 7. Issuing Jurisdiction:                        | <u>ONT</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2019/5/27</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.

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**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.

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|---|---------|
| 1. Name of third Party:   | <u></u> |
| 2. Address:   | <u></u> |
| 3. Date of Birth:   | <u></u> |
| 4. Principal Business or Occupation:  | <u></u> |
| 5. Incorporation number and place of issue (corporations/other entities only) | <u></u> |
| 6. Relationship between third party and client:                               | <u></u> |


**Ontario**

**Driver's Licence**  
**Permis de conduire**

**ON**  
**CANADA**



1. NAME / NOM  
**ZEBROWSKA, WANDA**

2. ADDRESS / ADRESSE  
**1240 SHADELAND DRIVE  
MISSISSAUGA, ON, L5C 1P5**

3. DATE OF BIRTH / DATE DE NAISSANCE  
**1954/05/27**

4. SEX / SEXE  
**F**

5. CLASS / CLASSE  
**G**


6. ISS/DEL  
**2014/05/07**

7. EXP/EXP  
**2019/05/27**


8. HGT/HAUT  
**168 cm**

9. REF / REF  
**CX2510760**

10. ZEB  
**Z2087 - 77705 - 45527**

11. SIGNATURE / SIGNATURE  


12. REST / REST  
**COND.**

13. PHOTO / PHOTO  


B9S # 722

Brackstone (EAB)

Agent - Eric Spiche  
Should Beak