

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 #: **404** Phase/Tower: **TWO** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **October 14, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | WAI KEUNG LEUNG |
| 2. Address: | 5981 MANZANILLO CRES,
MISSISSAUGA, ONTARIO, L5M 6Y3 |
| 3. Date of Birth: | August 09, 1954 |
| 4. Principal Business or Occupation: | <u>Manager / owner</u> |
| 5. Identification Document (must see original): | <u>Drivers Licence</u> |
| 6. Document Identification Number: | <u>L2904-77505-40809</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2016/08/09</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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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

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Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual:	PAULINA FUNG CHING LEUNG
2. Address:	5981 MANZANILLO CRES, MISSISSAUGA, ONTARIO, L5M 6Y3
3. Date of Birth:	August 12, 1954
4. Principal Business or Occupation:	Retired
5. Identification Document (must see original):	Drivers Licence
6. Document Identification Number:	<u>L2904-27025-45812</u>
7. Issuing Jurisdiction:	Ontario
8. Document Expiry Date (must not be expired):	2016/08/12

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.

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Verification of Third Parties (if applicable)

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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: _____

Ontario Driver's Licence Permis de conduire ON CANADA

1,2 NAME/ NOM
LEUNG,
FUNG, CHING, PAULINA
5981 MANZANILLO CRES
MISSISSAUGA, ON, L5M 6Y3

4d NUMBER/
NUMERO L2904 - 27025 - 45812

4b ISS/DEL 2011/07/06 4c EXP/EXP 2016/08/12

5 DO/REF CA9442416 1b HGT/HAUT 157 cm

15 SEX/SEXE F


9 CLASS/
CATEG G


12 REST/
COND X

3 DOB/DN 1954/08/12 *9946311*



Received by Aunt
Oct 14/15

 Ontario Driver's Licence Permis de conduire ON CANADA



1,2 NAME/NOM
LEUNG,
WAI-KEUNG
1,3 ADDRESS/ADRESSE
5981 MANZANILLO CRS
MISSISSAUGA, ON, L5M 6Y3
4,5 NUMBER/
NUMERO L2904 - 77505 - 40809 L
14 ISS/DEL 2011/07/28 15 EXP/EXP 2016/08/09
6 CD/REF CC2484341 16 HGT/HAUT 168 cm
13 SEX/SEXE M
8 CLASS/ CATEG D
12 REST/ COND
3 DOB/DOE 1954/08/09 *0223366*

Received by Anita

Oct 14/15