

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

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

Date of Offer: **October 05, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | SHAHNAZ F KIYANI |
| 2. Address: | 505 HOUNSLOW AVE,
NORTH YORK, ONTARIO, M2R 1J1 |
| 3. Date of Birth: | March 20, 1945 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>K4767-70334-55320</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
KIYANI,
SHAHNAZ, F
3 505 HOUNSLOW AVE
NORTH YORK, ON, M2R 1J1

4d NUMBER /
NUMERO K4767 - 70334 - 55320
4a ISS / DEL 2013/02/15 4b EXP / EXP 2018/03/20
5 DD / REF CN3466422 16 HGT / HAUT. 165 cm
15 SEX / SEXE F
6 CLASS /
CATEG. G
12 REST /
COND. X



767-70334-55320
1945/03/20

1 DOB / DDM 1945/03/20