

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

Street: in the **City of Mississauga**

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

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | MYRNA F IGCASENZA |
| 2. Address: | 5857 SIDMOUTH ST,
MISSISSAUGA, ONTARIO, L5V 2K1 |
| 3. Date of Birth: | June 23, 1950 |
| 4. Principal Business or Occupation: | <u>Retired</u> |
| 5. Identification Document (must see original): | <u>Drivers Licence.</u> |
| 6. Document Identification Number: | <u>I3068-57235-05623</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2018/06/23</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: | _____ |


Ontario

Driver's Licence
Permis de conduire

ON
CANADA



12 NAME / NOM
IGCSENZA,
MYRNA F
13 5857 SIDMOUTH STREET
MISSISSAUGA, ON, L5V 2K1
14 NUMBER /
NUMERO
15 ISS / DEL
16 DOB / REF
2013/06/25
17 SEX / SEXE
F
18 CLASS /
CATEG
G
19 REST /
COND
20 1950/06/23

13068 - 57235 - 05623
18 EXP / EXP
2018/06/23
16 HGT / HAUT
152 cm

Received by Anita
Oct 13/15

Received by Aunt
Oct 13/15

Ontario Driver's Licence Permis de conduire ON CANADA

1,2 NAME / NOM IGCASENZA,
ROBEN, M
3 ADDRESS / ADRESSE 5857 SIDMOUTH ST
MISSISSAUGA, ON, L5V 2K1
4,6 NUMBER / NUMERO 13068 - 65864 - 50310
4a ISS DEL 2011/03/08 4b EXP / EXP 2016/03/10
5 DOB / REF AX7702748 16 HGT / HAUT 163 cm
14 SEX / SEXE M 15 CLASS / CATEG G
12 REST / COND 13088-65864-50310
15450310
3 DOB / DATE 1945/03/10 *8656342*

email: same
phone #: same
occupation: Retired
employer: Retired
relation: Husband