

**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 #: **1615**    Phase/Tower: **9 South**    Plan No.:

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

Date of Offer: **October 04, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>CHITRA R SEWPERSAUD</b>                                   |
| 2. Address:                                     | <b>295 SUNNY MEADOW BLVD,<br/>BRAMPTON, ONTARIO, L6R 3C3</b> |
| 3. Date of Birth:                               | <b>November 28, 1961</b>                                     |
| 4. Principal Business or Occupation:            | <u>Self accountant.</u>                                      |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                      |
| 6. Document Identification Number:              | <b><u>S2966-12376-16128</u></b>                              |
| 7. Issuing Jurisdiction:                        | <u>ONT</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2019/11/28</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.

- |   |       |
|---|-------|
| 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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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>JAZMIN ANISA MOHAMMED</b>                                 |
| 2. Address:                                     | <b>295 SUNNY MEADOW BLVD,<br/>BRAMPTON, ONTARIO, L6R 3C3</b> |
| 3. Date of Birth:                               | <b>November 17, 1989</b>                                     |
| 4. Principal Business or Occupation:            | <u>Social Service Worker</u>                                 |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                      |
| 6. Document Identification Number:              | <b><u>M6160-39218-96117</u></b>                              |
| 7. Issuing Jurisdiction:                        | <u>Ont.</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2017/2/28</u>   |

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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:                               | _____ |

B95  
1615

 **Ontario** **Driver's Licence** **Permis de conduire** **ON** **CANADA**



1,2 NAME/ NOM **SEWPERSAUD, CHITRA, R**  
8 **295 SUNNY MEADOW BLVD**  
**BRAMPTON, ON, L6R 3C3**

4d NUMBER/ NUMERO **S2966 - 12376 - 16128**  
4a ISS/ DEL **2014/12/04** 4b EXP/ EXP **2019/11/28**  
5 DD/ REF **DA7910525** 16 HGT/ HAUT. **155 cm**  
15 SEX/ SEXE **F**  
9 CLASS/ CATEG **G**  
12 REST/ COND  
3 DOB/ DDN **1961/11/28**





 **Ontario** **Driver's Licence** **Permis de conduire** **ON** **CANADA**



1,2 NAME/ NOM **MOHAMMED, JAZMIN, ANISA**  
8 **141 WINTERBERRY BLVD**  
**THOROLD, ON, L2V 0C1**

4d NUMBER/ NUMERO **M6160 - 39218 - 96117**  
4a ISS/ DEL **2015/05/15** 4b EXP/ EXP **2017/02/28**  
5 DD/ REF **DE5226017** 16 HGT/ HAUT. **157 cm**  
15 SEX/ SEXE **F**  
9 CLASS/ CATEG **G**  
12 REST/ COND  
3 DOB/ DDN **1989/11/17**



