

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 #: **406** Phase/Tower: **3** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **March 05, 2016**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | KIMBERLY A KAVANAGH |
| 2. Address: | 30 WALNUT DRIVE,
WASAGA BEACH, ONTARIO, L9Z 0A9 |
| 3. Date of Birth: | August 02, 1970 |
| 4. Principal Business or Occupation: | <u>Business Person</u> |
| 5. Identification Document (must see original): | <u>Driver's licence</u> |
| 6. Document Identification Number: | <u>K0906-43517-05802</u> |
| 7. Issuing Jurisdiction: | <u>ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>2020/8/2</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: | <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> |

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Date of Offer: **March 05, 2016**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | DONALD T KAVANAGH |
| 2. Address: | 30 WALNUT DRIVE,
WASAGA BEACH, ONTARIO, L9Z 0A9 |
| 3. Date of Birth: | July 17, 1972 |
| 4. Principal Business or Occupation: | <u>Construction</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | <u>K0906-17387-20717</u> |
| 7. Issuing Jurisdiction: | <u>Ont.</u> |
| 8. Document Expiry Date (must not be expired): | <u>2017/7/17</u> |

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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: | _____ |

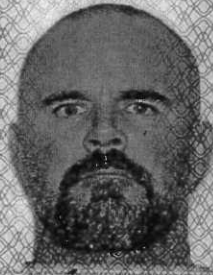
 Ontario Driver's Licence
Permis de conduire ON CANADA


1,2 NAME/NOM
KAVANAGH,
KIMBERLY, A
8 30 WALNUT DRIVE
WASAGA BEACH, ON, L9Z 0A9
4d NUMBER/
NUMERO K0906 - 43517 - 05802
4a ISS/DEL 2015/07/14 4b EXP/EXP. 2020/08/02
5 DD/REF DG2189946 16 HGT/HAUT. 163 cm
15 SEX/SEXE F
9 CLASS/
CATEG G
12 REST/
COND
DOB/ODN 1970/08/02





 Ontario Driver's Licence
Permis de conduire ON CANADA


1,2 NAME/NOM
KAVANAGH,
DONALD, T
8 30 WALNUT DRIVE
WASAGA BEACH, ON, L9Z 0A9
4d NUMBER/
NUMERO K0906 - 17387 - 20717
4a ISS/DEL 2014/09/16 4b EXP/EXP. 2017/07/17
5 DD/REF CZ9672074 16 HGT/HAUT. 167 cm
15 SEX/SEXE M
9 CLASS/
CATEG G
12 REST/
COND
DOB/ODN 1972/07/17

