

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: **9 North** Plan No.:

Street: in the **City of Mississauga**

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

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | REGIN KYLE S ONG SEE |
| 2. Address: | 2256 BROMSGROVE ROAD
Apt 46,
MISSISSAUGA, ONTARIO, L5J 4A3 |
| 3. Date of Birth: | June 09, 1986 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>O5931-64658-60609</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: | _____ |

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

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | ANNA KATRINA MACARAEG ONG SEE |
| 2. Address: | 2256 BROMSGROVE ROAD
Apt 46,
MISSISSAUGA, ONTARIO, L5J 4A3 |
| 3. Date of Birth: | November 11, 1987 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>O5931-04708-76111</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |


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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
ONG SEE,
ANNA KATRINA, MACARAEG

8 46-2256 BROMSGROVE RD
MISSISSAUGA, ON, L5J 4A3

4d NUMBER/
NUMÉRO **O5931 - 04708 - 76111**

4a ISS/DEL. **2015/03/24** 4b EXP/ EXP. **2020/03/23**

5 DD/REF **DC9284794** 16 HGT/HAUT. **165 cm**


15 SEX/ SEXE **F**

9 CLASS/
CATÉG. **G1**

12 REST/
COND.

Shilong See
3 DOB/DEN **1987/11/11**

SIN: 579 596-594

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

1,2 NAME/ NOM
ONG SEE,
REGIN, KYLE S

8 46-2256 BROMSGROVE RD
MISSISSAUGA, ON, L5J 4A3

4d NUMBER/
NUMÉRO **O5931 - 64658 - 60609**

4a ISS/DEL. **2013/05/03** 4b EXP/ EXP. **2016/09/08**

5 DD/REF **CP1605719** 16 HGT/HAUT. **178 cm**

15 SEX/ SEXE **M**

9 CLASS/
CATÉG. **G2**

12 REST/
COND.

Regin See
3 DOB/DEN **1986/06/09**

SIN: 559 . 313 . 408

5 NOV '15
Monarch 40F
Agent: Fred Dib Remax R.E.L.