

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 #: **904** Phase/Tower: **9 North** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **March 13, 2016**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | Jose D Alcaraz |
| 2. Address: | 3162 Rock Harbour Rd,
MISSISSAUGA, ON, L5B 4G7 |
| 3. Date of Birth: | September 19, 1951 |
| 4. Principal Business or Occupation: | <u>ENGINEERING</u> |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u> |
| 6. Document Identification Number: | <u>A5178-41025-10919</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>09/19/2018</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



1,2 NAME / NOM
ALCARAZ,
JOSE D

3 3162 ROCK HARBOUR RD
MISSISSAUGA, ON, L5B 4G7

4a NUMBER /
NUMERO
A5178 - 41025 - 10919

4b ISS / DEL
2013/08/12

5 DOB / REF
CR3888433

6 SEX / SEVE
M

8 CLASS /
CATEG
G

12 BEST /
COND
X

7 EXP / EXP
2018/09/19

18 HGT / HAUT
160 cm

19 10179-11025-10919
1951/03/19

3 DOBORN 1951/09/19

~~XXXXXXXXXX~~

\$369400

* 904

BWN

905-275-6546

647-378-0548

jdalcaraz@yahoo.ca