

**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 #: **202**      Phase/Tower: **ONE**      Plan No.:

Street: 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>KEITH NORMAN STALL</b>                                  |
| 2. Address:                                     | <b>36 FISHING CRESCENT,<br/>BRAMPTON, ONTARIO, L6V 4T4</b> |
| 3. Date of Birth:                               | <b>August 25, 1974</b>                                     |
| 4. Principal Business or Occupation:            | <u>Logistics</u>   |
| 5. Identification Document (must see original): | <u>Driver's licence</u>                                    |
| 6. Document Identification Number:              | <b><u>S8106-42967-40825</u></b>                            |
| 7. Issuing Jurisdiction:                        | <u>ON</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2019/08/25</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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Date of Offer: **October 04, 2015**

Sales Representative: **In2ition Realty**

**Verification of Individual**

- 1. Full Legal Name of Individual: **BEVERLY MARIE ANZA CABA**
- 2. Address: **36 FISHING CRESCENT,  
BRAMPTON, ONTARIO, L6V 4T4**
- 3. Date of Birth: **December 15, 1978**
- 4. Principal Business or Occupation: Pharmaceutical
- 5. Identification Document (must see original): Drivers License
- 6. Document Identification Number: **C0004-09367-86215**
- 7. Issuing Jurisdiction: ON
- 8. Document Expiry Date (must not be expired): 2016/04/11

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  
STALL  
KEITH N  
36 FISHING CRES  
BRAMPTON, ON, L6V 4T4

44 NUMBER /  
NUMERO  
S8106 - 42967 - 40825

46 ISS / DEL  
2014/08/26

500 REF  
CZ5965217

5 SEX / SEXE  
M


9 CLASS /  
CATEG  
G

12 REST /  
COND


14 EXP / EXP  
2019/08/25

16 HGT / HAUT  
163 cm

18106-42967-40825  
197408/25



1974/08/25





Ontario  
 Driver's Licence  
 Permis de conduire  
 ON  
 CANADA

1,2 NAME/NO  
 CABA,  
 BEVERLY MARIE ANZA  
 3,6 FISHING CRES  
 BRAMPTON, ON, L6V 4T4  
 4,8 NUMBER/  
 NUMERO  
 C0004 - 09367 - 86215  
 4,8 ISS/DEL  
 2012/04/13  
 5, DO/REF  
 CG9930126  
 16 SEX/SEX  
 F  
 3 CLASS/  
 CATEG  
 G2  
 12 REST/  
 COND  
 X  
 3, DOB/DOB  
 1978/12/15  
 \*2976510\*

16 EXP/EXP  
 2016/04/11  
 16 HGT/HAUT  
 160 cm

PSV #202  
 style A-

\$284,400

Oct 4th, 2013