

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

Street: in the **City of Mississauga**

Date of Offer: **February 09, 2016**

Sales Representative: **In2ition Realty**

**Verification of Individual**

- 1. Full Legal Name of Individual: **RABIA SAQIB**
- 2. Address: **35 TOBERMORY DRIVE Apt 1001,  
NORTH YORK, ONTARIO, M3N 2R6**
- 3. Date of Birth: **April 16, 1972**
- 4. Principal Business or Occupation: Sales Associate
- 5. Identification Document (must see original): \_\_\_\_\_
- 6. Document Identification Number: **PR No. B0946774**
- 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: \_\_\_\_\_



RABIA SAQIB

D.O.B. - D de N Y-A M D-J			SEX SEX	HEIGHT TAILLE CM
1972 04 16			F	152
DP - DP Y-A M		EYES-YEUX		
2010 04		BROWN		

Rabia Saqib

B0946774

SOCIAL NUMÉRO  
INSURANCE D'ASSURANCE  
NUMBER SOCIALE

551 176 639

RABIA SAQIB