

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

Street: in the **City of Mississauga**

Date of Offer: **February 29, 2016**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>MICHELLE LEIGH GRASSO</b>   |
| 2. Address:                                     | <b>3950 ERIN CENTRE BLVD Apt 62,<br/>MISSISSAUGA, ONTARIO, L5M 0A5</b> |
| 3. Date of Birth:                               | <b>July 04, 1984</b>   |
| 4. Principal Business or Occupation:            | <u>Inferior Designer / sales</u>                                       |
| 5. Identification Document (must see original): | _____  |
| 6. Document Identification Number:              | <b><u>G7215-54468-45704</u></b>  |
| 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.

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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.

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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  
GRASSO,  
MICHELLE, LEIGH

8 3950 ERIN CENTRE BLVD UN 62  
MISSISSAUGA, ON, L5M 0A5

4d NUMBER/  
NUMERO G7215 - 54468 - 45704

4a ISS/ DEL 2015/07/07 4b EXP/ EXP 2020/07/04

6 DO/ REF DG1322834 16 HGT/ HAUT. 162 cm

15 SEX/ SEXE F

9 CLASS/  
CATEG. G

12 REST/  
COND.

3 DOB/ DDN 1984/07/04

*Michelle Grasso*

G7215-54468-45704  
1984/07/04

Received by Anita  
Feb 27/16