

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

Street: in the **City of Mississauga**

Date of Offer: **October 22, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>CARLOS FERNANDO ESPINOSA</b>                               |
| 2. Address:                                     | <b>80 HARRISON GARDEN BLVD,<br/>TORONTO, ONTARIO, M2M 7E3</b> |
| 3. Date of Birth:                               | <b>January 17, 1969</b>                                       |
| 4. Principal Business or Occupation:            | <u>Business Administrator.</u>                                |
| 5. Identification Document (must see original): | <u>Driver's Licence (Quebec)</u>                              |
| 6. Document Identification Number:              | <b><u>E2152-170169-08</u></b>                                 |
| 7. Issuing Jurisdiction:                        | <u>Quebec.</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>(01/17/2017)</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.

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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:                               | _____ |

Québec  **Permis de conduire**  
**E2152-170169-08**  
4d **ESPINOSA**  
1 **CARLOS FERNANDO**  
2 **Date de naissance (A-M-J) : 1969-01-17**  
3 **629 RUE RIMBAUD**  
4 **QUEBEC**  
5 **(QC) G1C 8A4**  
15 **Sexe : M**  
6 **Classe(s) : 5**  
12 **Cond. : Aucune** **Taille (cm) : 170**  
13 **Yeux : BRUN**  
5 **N° de référence : PERC383N5**  
2a **Valide le 2013-01-09 4b Expire le 2017-01-17**  
**Paiement exigé chaque année à votre date anniversaire de naissance**



Mailing Address:

# 1019-80 Harrison Garden Blvd  
Toronto, ON  
M2M 7E3.