

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: **TWO** Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **December 08, 2015**

Sales Representative: In2ition Realty

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | NORMITA B SALAZAR |
| 2. Address: | 3210 FLAGSTONE DRIVE,
MISSISSAUGA, ONTARIO, L5M 7T8 |
| 3. Date of Birth: | June 26, 1955 |
| 4. Principal Business or Occupation: | Registered Nurse |
| 5. Identification Document (must see original): | Driver's Licence |
| 6. Document Identification Number: | S0240-59715-55626 |
| 7. Issuing Jurisdiction: | Ontario |
| 8. Document Expiry Date (must not be expired): | 2019/06/26 |

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: _____

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: **TWO** Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **December 08, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | ZOSIMO I SALAZAR |
| 2. Address: | 3210 FLAGSTONE DRIVE,
MISSISSAUGA, ONTARIO, L5M 7T8 |
| 3. Date of Birth: | August 05, 1947 |
| 4. Principal Business or Occupation: | <u>Retired</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence.</u> |
| 6. Document Identification Number: | <u>S0240-79744-70805</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2020/08/05</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: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA



1,2 NAME/ NOM

SALAZAR,
ZOSIMO.I

3 3210 FLAGSTONE DR
MISSISSAUGA, ON, L5M 7T8

4d NUMBER/
NUMERO

S0240 - 79744 - 70805

4a ISS/ DEL

2015/08/10

4b EXP/ EXP 2020/08/05

5 DDI/ REF

DG5410500

16 HGT/HAUT.165 cm

15 SEX/ SEXE

M

9 CLASS/
CATÉG.

G

12 REST/
COND

.

S0240 - 79744 - 70805

2015/08/10

1 DOR/DON 1947/08/05

Ontario Driver's Licence / Permis de conduire ON CANADA

1 NAME / NOM
SALAZAR,
NORMITA,B
3210 FLAGSTONE DR
MISSISSAUGA, ON, L5M 7T8

4 NUMBER / NUMERO
S0240 - 59715 - 55626

4a ISS / DEL 2014/06/02 4b EXP / EXP 2019/06/26

6 DOB / REF CX5509442 16 HGT / HAUT 157 cm

15 SEX / SEXE F

9 CLASS / CATEG G

12 REST / COND X

3 DOB / ON 1955/06/26

Received by Anita
Nov 3/15