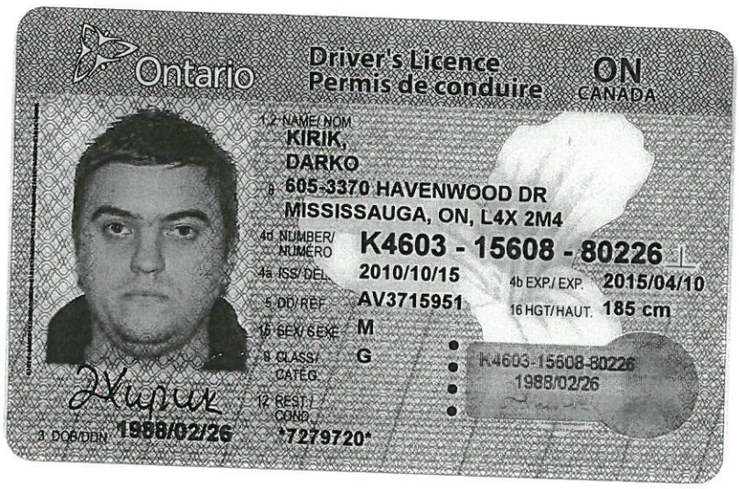
Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
KIRIK,
DARKO
8 605-3370 HAVENWOOD DR
MISSISSAUGA, ON, L4X 2M4
4d NUMBER/ NUMERO
K4603 - 15608 - 80226
4a ISS/ DEL.
2010/10/15
4b EXP./ EXP.
2015/04/10
5 DD/ REF.
AV3715951
16 HGT/HAUT.
185 cm
15 SEX/ SEXE
M
9 CLASS/ CATÉG.
G
12 REST./ COND.
7279720
3 DOB/DDN
1988/02/26
K4603-15608-80226
1988/02/26

300 €

Milosav

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 #: **3008** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **March 04, 2012**

Sales Representative: **RICHMOND**

Verification of Individual

1. Full Legal Name of Individual: **DARKO KIRIK**
2. Address: **3370 HAVENWOOD DR.Apt 605, MISSISSAUGA, ONTARIO, L4X 2M4**
3. Date of Birth: **February 26, 1988**
4. Principal Business or Occupation: MACHINE OPERATOR
5. Identification Document (must see original): Driver's Licence
6. Document Identification Number: **K46031560880226**
7. Issuing Jurisdiction: ON
8. Document Expiry Date (must not be expired): 2015/04/10

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: _____