
Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
SHANA,
ROLA
5 2116 KEMPTON PARK DR
MISSISSAUGA, ON, L5M 2Z1
4d NUMBER/ NUMERO S3176 - 66508 - 45304
4a ISS/ DEL 2010/04/16
4b EXP/ EXP 2015/03/04
8 DD/ RG# AR2123397
15 HGT/ HAUT 160 cm
15 SEX/ SEXE F
9 CLASS/ CATÉG. G
12 REST/ COND.
S3176-66508-45304
1984/03/04
3 DOB/DDN 1984/03/04
5153076


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
MUNIR,
RAFAL
8 2115 KEMPTON PARK DRIVE
MISSISSAUGA, ON, L5M 2Z1
4d NUMBER/ NUMÉRO M9279 - 63808 - 40425
4a ISS/ DÉL. 2011/10/18
4b EXP./ EXP 2015/12/14
5 DD/ RÉF CE1911790
15 SEX/ SEXE M
16 HGT/ HAUT. 170 cm
9 CLASS/ CATÉG. G2
12 REST/ COND.
3 DOB/DDN 1984/04/25
1200409

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 #: **4201** Phase/Tower: **ONE** Plan No.:

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

Date of Offer: **March 08, 2012**

Sales Representative: **Reena**

Verification of Individual

1. Full Legal Name of Individual: **Rafal Munir**
2. Address: **2115 KEMPTON PARK DR, MISSISSAUGA, ONTARIO, L5M 2Z1**
3. Date of Birth: **April 25, 1984**
4. Principal Business or Occupation: Physician
5. Identification Document (must see original): Dr. Li
6. Document Identification Number: **M9279-63808-40425**
7. Issuing Jurisdiction: PROV - ON
8. Document Expiry Date (must not be expired): Dec. 14, 2015

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: _____

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Lot/Suite #: **4201** Phase/Tower: **ONE** Plan No.:

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

Date of Offer: **March 08, 2012**

Sales Representative: **Reena**

Verification of Individual

1. Full Legal Name of Individual: **Rola Shana**
2. Address: **2115 KEMPTON PARK DR, MISSISSAUGA, ONTARIO, L5M 2Z1**
3. Date of Birth: **March 04, 1984**
4. Principal Business or Occupation: Communication Consultant
5. Identification Document (must see original): Dr. Li
6. Document Identification Number: **S3176-66508-45304**
7. Issuing Jurisdiction: PRV - ON
8. Document Expiry Date (must not be expired): March 4, 2015

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.

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