INDIVIDUAL IDENTIFICATION INFORMATION RECORD

NOTE: An Individual Identification Information Record is required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. This Record must be completed by the REALTOR® member whenever they act in respect to the purchase or sale of real estate.
It is recommended that the Individual Identification Information Record be completed:

(i) for a buyer when the offer is submitted and/or a deposit made, and
(ii) for a seller when the seller accepts the offer.

Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.** Lot/Suite #: **3603** Phase/Tower: **Voya A** Plan No.:

Transaction Property Address:4116 Parkside Village Drive in the **City** of **Mississauga**

Sales Representative/Broker Name: ____/ **IN2ITION REALTY**

Date Information Verified: ___________________________.

A. Verification of Individual

NOTE: One of Section A.1, A.2. or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer or seller) . Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity. Where you are using an agent or mandatary to verify the identity of an individual, see procedure described in CREA's materials on REALTOR Link®.

1. Full legal name of individual: **Adedolapo Rilwan Oseni**
2. Address: **831 MIIKANA RD**
GLOUCESTER, ONTARIO, K1X 0G5
3. Date of Birth: **December 27, 1991**
4. Nature of Principal Business or Occupation: **VF Canada/distribution supervisor**

A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual's identity by comparing the individual to their photo ID. The individual must be physically present unless using technology capable of assessing a government-issued photo identification document's authenticity.

1. Type of Identification Document*: **Drivers License**
2. Document Identifier Number: **O8015-00979-11227**
3. Issuing Jurisdiction: **ONTARIO Country: Canada**
4. Document Expiry Date:

A.2 Credit File

Ascertain the individual's identity by comparing the individual's name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years and is derived from more than one source. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual's identity. The individual does not need to be physically present.

1. Name of Canadian Credit Bureau Holding the Credit File:

____

____

2. Reference Number of Credit File ____

A.3 Dual ID Process Method

1. **Complete two of the following three checkboxes by** ascertaining the individual's identity by referring to information in **two** independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). The individual does not need to be physically present.

☐ Confirm the individual's name and date of birth by referring to a document or source containing the individual's name and date of birth*

- **Name of Source:** ________________________________
- **Account Number**:** ________________________________

☐ Confirm the individual's name and address by referring to a document or source containing the individual's name and address*

- **Name of Source:** ________________________________
- **Account Number**:** ________________________________

☐ Confirm the individuals' name and confirm a financial account*

- **Name of Source:** ________________________________
- **Financial Account Type:** ________________________________
- **Account Number**:** ________________________________

*See CREA's FINTRAC materials on REALTOR Link® for examples. ** Or reference number if there is no account number.

A.4 Unrepresented Individual Reasonable Measures Record (if applicable)
Only complete this section when you are unable to ascertain the identity of an unrepresented individual.

1. Measures taken to Ascertain Identity (check one):

☐ Asked unrepresented individual for information to ascertain their identity

☐ Other, explain: ____

____

Date on which above measures taken: ____

2. Reasons why measures were unsuccesful (check one):

☐ Unrepresented individual did not provide information

☐ Other, explain: ____

____

B. Verification of Third Parties

NOTE: *Only complete Section B for your clients*. Take reasonable measures to determine whether your clients are acting on behalf of third parties by completing this section of the form. If you are not able to determine whether your clients are acting on behalf of a third party but there are reasonable grounds to suspect there are, complete Section B.1. If there is a third party, complete Section B.2.

B.1 Third Party Reasonable Measures

Is the transaction being conducted on behalf of a third party according to the client? *(check one):*
☐ Yes
☐ No

Describe why you think your client may be acting on behalf a third party:

____

____

B.2 Third Party Record

Where there is a third party, complete this section.

1. **Name of other entity:** ____
2. **Address:** ____
3. **Telephone number:** ____
4. **Date of Birth** *(if applicable)*: ____
5. **Nature of Principal Business or Occupation:** ____

____

6. **Registration or incorporation number, and jurisdiction and country that issued that number** *(if applicable)*:

.____

____

7. **Relationship between third party and client:** ____

____

INDIVIDUAL IDENTIFICATION INFORMATION RECORD

NOTE: *Only complete Sections C and D for your clients.*

C. Client Risk (ask your Compliance Officer if this section is applicable)

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below:

Low Risk

- ☐ Canadian Citizen or Resident Physically Present
- ☐ Canadian Citizen or Resident Not Physically Present
- ☐ Canadian Citizen or Resident - High Crime Area - No Other Higher Risk Factors Evident
- ☐ Foreign Citizen or Resident that does not Operate in a High Risk Country (physically present or not)
- ☐ Other, explain:

Medium Risk

- ☐ Explain

High Risk

- ☐ Foreign Citizen/Resident that operates in a High Risk Country (physically present or not)
- ☐ Other Explain

If you determined that the client's risk was high, tell your brokerage's Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.

D. Business Relationship (ask your Compliance Officer when this section is applicable)

D. 1. Purpose and Intended Nature of the Business Relationship

Check the appropriate boxes.

Acting as an agent for the purchase or sale of:

- ◻ Residential property
- ◻ Residential property for income purposes
- ◻ Commercial property
- ◻ Land for Commercial Use
- ◻ Other, please specify: ....

Optional: describe your business dealings with the client and include information that would help you anticipate the types of transactions and activities that the client may conduct.

....

....

D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

D.2.1. Ask the Client if their name, address or principal business or occupation has changed and if it has include the updated information on page one.

D.2.2 Keep all relevant correspondence with the client on file in order to maintain a record of the information you have used to monitor the business relationship with the client. Optional - if you have taken measures beyond simply keeping correspondence on file, specify them here:

D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage's business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied:

D.3 Suspicious Transactions

Don't forget, if you see something suspicious during the transaction report it to your Compliance Officer. Consult your policies and procedures manual for more information.

E. Terrorist Property Reports

Don't forget to follow your brokerage's procedures with respect to terrorist property reports. Consult your policies and procedures manual for more information.

INDIVIDUAL IDENTIFICATION INFORMATION RECORD

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.** Lot/Suite #: **3603** Phase/Tower: **Voya A** Plan No.:

Transaction Property Address:4116 Parkside Village Drive in the **City** of **Mississauga**

Sales Representative/Broker Name: ________________________________/ **IN2ITION REALTY**

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A. Verification of Individual

NOTE: One of Section A.1, A.2. or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer or seller) . Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity. Where you are using an agent or mandatary to verify the identity of an individual, see procedure described in CREA's materials on REALTOR Link®.

1. Full legal name of individual:	**Hammed Kayode Awoniyi**
2. Address:	**506-270 SPADINA RD E** **KITCHENER, ONTARIO, N2M 3X6**
3. Date of Birth:	**October 02, 1991**
4. Nature of Principal Business or Occupation:	**Cooperators Group Insurance company/licensed insurance agent**

A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual's identity by comparing the individual to their photo ID. The individual must be physically present unless using technology capable of assessing a government-issued photo identification document's authenticity.

1. Type of Identification Document*:	**Drivers License**
2. Document Identifier Number:	**A9614-31259-11002**
3. Issuing Jurisdiction:	**ONTARIO Country: Canada**
4. Document Expiry Date:	

A.2 Credit File

Ascertain the individual's identity by comparing the individual's name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years and is derived from more than one source. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual's identity. The individual does not need to be physically present.

1. Name of Canadian Credit Bureau Holding the Credit File:

____

____

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A.3 Dual ID Process Method

1. **Complete two of the following three checkboxes by** ascertaining the individual's identity by referring to information in **two** independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). The individual does not need to be physically present.

☐ Confirm the individual's name and date of birth by referring to a document or source containing the individual's name and date of birth*

- **Name of Source:** ______________________________
- **Account Number**:** ______________________________

☐ Confirm the individual's name and address by referring to a document or source containing the individual's name and address*

- **Name of Source:** ______________________________
- **Account Number**:** ______________________________

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1. Measures taken to Ascertain Identity (check one):

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 Other, explain: ______________________________

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Date on which above measures taken: ______________________________

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____

6. **Registration or incorporation number, and jurisdiction and country that issued that number** *(if applicable)*:

.______________________________

____

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____

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