

Ontario Driver's Licence
Permis de conduire **ON**

BHAYAR
KALPANA NARESH
SZETI REBALINA DR
MISSISSAUGA, ON L4Z 4K2

B3264 - 42466 - 95809

DOB: 2011/07/27
SEX: F
HEIGHT: 158 cm
WEIGHT: 50 kg
EYES: BRN
HAIR: BRN
SKIN: F

EXPIRATION: 2016/08/09
ISSUANCE: 2011/07/27

1958/08/09 10201629



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 #: **1501** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 11, 2012**

Sales Representative: **ALEN C.**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | KALPANA NARESH BHAVSAR |
| 2. Address: | 5251 PEDALINA DRIVE,
MISSISSAUGA, ONTARIO, L4Z 4K2 |
| 3. Date of Birth: | August 09, 1969 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>B3264-42466-95809</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

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: | _____ |