


Ontario
Permis de conduire
UNIVERSITY OF TORONTO
KIM
BOCKMUELLER
2011/06/16
MISSISSAUGA, ON, L5C 2W1
K4408 - 09455 - 4571021
2011/06/16
18540770
18540770
18540770

Ontario
Permis de conduire CANADA



12 MO/12 MO

SEX: M

DOB: 2016/01/13

EXP: 2016/01/13

2407 CONQUEST DRIVE
MISSISSAUGA, ON, L5C 2Z1

NUMBER: K4408 - 79004 - 70112

CLASS: AX3282254

EXPIRY: 2016/01/13

EXPIRY: 2016/01/13

1947/01/12

1947/01/12

1947/01/12

1947/01/12

1947/01/12

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 #: **1809** Phase/Tower: **TWO** Plan No.:

Street: in the of

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

Sales Representative: **ALEN V.**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | YUN KIM |
| 2. Address: | 2407 CONQUEST DRIVE,
MISSISSAUGA, ONTARIO, L5C 2W1 |
| 3. Date of Birth: | January 12, 1947 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>K4408-79004-70112</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: | _____ |

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Street: in the of

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

Sales Representative: **ALEN V.**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | BOCK J. KIM |
| 2. Address: | 2407 CONQUEST DRIVE,
MISSISSAUGA, ONTARIO, L5C 2W1 |
| 3. Date of Birth: | July 10, 1954 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>K4408-09455-45710</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

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