

Alberta
Government

OPERATOR'S LICENCE

AB
CAN

GNANAPRAGASAM

No. **155223-571**
Class: **0**
Cond: **End**
Expires: **27 DEC 2012**


GNANAPRAGASAM, Hilda
427 Millrise Sq SW
Calgary AB T2Y 4C1

Sex: **F** DOB: **27 DEC 1980**
Eye: **Brown** Hair: **Black**
Ht: **157 cm** Wt: **54 kg**

Hilda

ISSUED: **08 MAY 2009**

0528-9-0000



RECEIVED
12/12/2011



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 #: **3006** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 27, 2012**

Sales Representative: **REENA**

Verification of Individual

- | | |
|-------------------------------------------------|--------------------------------------------------------------------------------|
| 1. Full Legal Name of Individual: | HILDA GNANAPRAGASAM |
| 2. Address: | 50 MISSISSAUGA VALLEY BLVD. Apt 1016,
MISSISSAUGA, ONTARIO, L5A 3S2 |
| 3. Date of Birth: | December 27, 1980 |
| 4. Principal Business or Occupation: | <u>Accountant</u> |
| 5. Identification Document (must see original): | <u>Dr. Li</u> |
| 6. Document Identification Number: | <u>155223-571</u> |
| 7. Issuing Jurisdiction: | <u>PROV - AB</u> |
| 8. Document Expiry Date (must not be expired): | <u>Dec 27, 2012</u> |

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: | _____ |