

**INDIVIDUAL IDENTIFICATION INFORMATION RECORD**  
**Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.***

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **317**    Phase/Tower: **ONE**    Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **October 13, 2012**

Sales Representative: **RICHMOND**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>URSZULA TROJAN</b>  |
| 2. Address:                                     | <b>1485 WILLIAMSPORT Apt G6,<br/>MISSISSAUGA, ONTARIO, L4X 1T0</b> |
| 3. Date of Birth:                               | <b>March 02, 1960</b>  |
| 4. Principal Business or Occupation:            | <u>Teacher</u>   |
| 5. Identification Document (must see original): | <u>Driver's License</u>  |
| 6. Document Identification Number:              | <b><u>T7530-76106-05302</u></b>                                    |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2015 10/3/12</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.

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**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.

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|---|-------|
| 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:                               | _____ |

PSV1 #317-

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



1,2 NAME/NOM  
**TROJAN,  
URSZULA**

3 ADDRESS/ADRESSE  
**1485 WILLIAMSPORT APG6  
MISSISSAUGA, ON, L4X 1T0**

4a NUMBER/  
NUMERO **T7530 - 76106 - 05302**

4b ISS/DEL **2010/03/05** 4c EXP/EXP **2015/03/02**

5 DD/REF **AP7608167** 16 HGT/HAUT **153 cm**

18 SEX/SEXE **F**

6 CLASS/  
CATEG **G**


12 REST/  
COND

1 DOB/DOIN **1960/03/02** \*4701498\*






**T7530-76106-05302**  
**1960/03/02**


**Ontario**

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

**ON**  
**CANADA**



1,2 NAME / NOM  
**TROJAN,  
 DENNIS,W**

1 RCR BRAVO COY  
 PETAWAWA, ON, K8H 2X3

4d NUMBER /  
 NUMERO **T7530 - 16398 - 81123**

4a ISS/DEL **2012/04/25** 4b EXP/EXP. **2013/11/23**

6 DOIR/REF **CH2388767** 16 HGT/HAUT. **180 cm**

15 SEX/SEXE **M**

8 CLASS/ CATEG. **G**

12 REST /  
 COND.

3 DOB/DOB **1988/11/23** \*3115254\*

PSV TR #317

Punciasi: Urduja Trojan

Relationship: son

Work / cell # : 613 281 4355

Home # same

SIN # 521 959 379

Address same

Job: Military