



Driver's Licence  
Permis de conduire

ON  
CANADA



*Jorge Alves*

1969/01/01

1.2 NAME (NOM)

JORGE,

SUSY ALVES

1.3 ADDRESS (ADRESSE)

6710 DAWLISH CRES

MISSISSAUGA, ON, L5V 1W3

4.1 NUMBER

NUMBER

2009/12/23

4.2 SEX (SEXE)

2009/12/23

4.3 DATE OF BIRTH (DATE DE NAISSANCE)

AN9737249

4.4 SEX (SEXE)

F

4.5 CLASS (CLASSE)

Q

4.6 CATEGORY (CATEGORIE)

Q

4.7 CATEGORY (CATEGORIE)

Q

4.8 CATEGORY (CATEGORIE)

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4.9 CATEGORY (CATEGORIE)

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4.10 CATEGORY (CATEGORIE)

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4.11 CATEGORY (CATEGORIE)

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4.12 CATEGORY (CATEGORIE)

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4.13 CATEGORY (CATEGORIE)

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4.14 CATEGORY (CATEGORIE)

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4.15 CATEGORY (CATEGORIE)

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4.16 CATEGORY (CATEGORIE)

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4.17 CATEGORY (CATEGORIE)

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4.18 CATEGORY (CATEGORIE)

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4.19 CATEGORY (CATEGORIE)

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4.20 CATEGORY (CATEGORIE)

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J6591-72816-95101

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**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 #: **404**    Phase/Tower: **3**    Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **April 06, 2013**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

1. Full Legal Name of Individual: **SUSY ALVES JORGE**
2. Address: **5710 DAWLISH,  
MISSISSAUGA, ONTARIO, L5V 1W3**
3. Date of Birth: **January 01, 1969**
4. Principal Business or Occupation: Teacher
5. Identification Document (must see original): Driver's Licence
6. Document Identification Number: **J6591-72816-95101**
7. Issuing Jurisdiction: ON
8. Document Expiry Date (must not be expired): 2015 / Jan / 1

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.

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: \_\_\_\_\_