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 #: **2020** Phase/Tower: **9 South** Plan No.:

Street: **4055-4085 Parkside Village Drive** in the **City** of **Mississauga**

Date of Offer: **April 18, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **NART STAS**
2. Address: **600 BROOKMILL CRES., WATERLOO, ONTARIO, N2V 2M2**
3. Date of Birth: **May 01, 1976**
4. Principal Business or Occupation: ARCHITECT
5. Identification Document (must see original): DRIVERS LICENSE
6. Document Identification Number: **S8150-58107-60501**
7. Issuing Jurisdiction: ONTARIO
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: _____

Ontario

Driver's Licence
Permis de conduire

ON
CANADA

1,2 NAME/ NOM
STAS,
NART
8 600 BROOKMILL CRES
WATERLOO, ON, N2V 2M2

4d NUMBER/ NUMÉRO S8150 - 58107 - 60501

4a ISS/ DÉL. 2015/04/08
4b EXP./ EXP. 2020/05/01

5 DD/ RÉF. DE0822094
16 HGT/ HAUT. 173 cm

15 SEX/ SEXE M

9 CLASS/ CATÉG. G

12 REST./ COND.

3 DOB/DDN 1976/05/01

S8150-58107-60501
1976/05/01

Block Nine 2020

Agent: Farid Bagh

25 April 15,

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 #: **2020** Phase/Tower: **9 South** Plan No.:

Street: **4055-4085 Parkside Village Drive** in the **City** of **Mississauga**

Date of Offer: **April 18, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **ASMAI KAGHDOU**
2. Address: **600 BROOKMILL CRES., WATERLOO, ONTARIO, N2V 2M2**
3. Date of Birth: **July 16, 1978**
4. Principal Business or Occupation: Marketing Assistant.
5. Identification Document (must see original): Drivers Licence.
6. Document Identification Number: **K0141-06407-85716**
7. Issuing Jurisdiction: Ontario
8. Document Expiry Date (must not be expired): 2017/07/16.

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: _____

Recd by Anita
on Apr. 1 18/15