

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

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

Date of Offer: **April 25, 2015**

Sales Representative: **In2ition Realty**

---

**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>MEDARDO ALFONSO NAVA CONTRERAS</b>                      |
| 2. Address:                                     | <b>628 FLEET ST Apt 409,<br/>TORONTO, ONTARIO, M5V 1A8</b> |
| 3. Date of Birth:                               | <b>January 04, 1983</b>                                    |
| 4. Principal Business or Occupation:            | <u>SELF EMPLOYED</u>                                       |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u>                                    |
| 6. Document Identification Number:              | <u><b>N0903-53718-30104</b></u>                            |
| 7. Issuing Jurisdiction:                        | <u>ONTARIO</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>04/04/2016</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:                               | _____ |



Ontario

Driver's Licence  
Permis de conduire

ON  
CANADA



1,2 NAME/ NOM

NAVA CONTRERAS,  
MEDARDO, ALFONSO

8 409-628 FLEET ST  
TORONTO, ON, M5V 1A8

4d NUMBER/  
NUMÉRO

N0903 - 53718 - 30104

4a ISS/ DÉL.

2014/07/08

4b EXP/ EXP. 2016/04/04

5 DD/ RÉF.

CZ0500910

16 HGT/ HAUT. 185 cm

15 SEX/ SEXE

M

9 CLASS/  
CATÉG.

G

12 REST/  
COND.

3 DOB/ DDN 1983/01/04

