

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 #: **1003** Phase/Tower: **ONE** Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **September 04, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | Arvind Sharma |
| 2. Address: | 45 SILVERSTONE DR,
ETOBICOKE, ONTARIO, M9V 4B1 |
| 3. Date of Birth: | August 14, 1970 |
| 4. Principal Business or Occupation: | <u>Accounting</u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>S3229-06207-00814</u> |
| 7. Issuing Jurisdiction: | _____ |
| 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: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA



3 DOB/ODN 1970/08/14

1,2 NAME/NOM

SHARMA,
ARVIND

8 902-45 SILVERSTONE DR
ETOBICOKE, ON, M9V 4B1

4d NUMBER/
NUMERO

S3229 - 06207 - 00814

4a ISS/DEL

2013/03/08

4b EXP/EXP

2017/08/14

5 DD/REF

CN5542803

16 HGT/HAUT

180 cm

15 SEX/SEXE

M

9 CLASS/
CATEG

G

12 REST/
COND

X



Pa

4 992 0747