

Ontario Driver's Licence Permis de conduire ON CANADA

1,2 NAME / NOM
CADASTRE,
SAMUEL, NOEL
102-325 WEBB DR
MISSISSAUGA, ON, L5B 3Z9

4,6 NUMBER /
NUMERO C0089 - 68864 - 51224

4,6 ISS / DEL 2013/10/31 4,6 EXP / EXP 2018/12/24

5 DO / REF CT3678445 16 HGT / HAUT 178 cm

15 SEX / SEXE M

9 CLASS /
CATEG G

12 REST /
COND

DOB / DNB 1945/12/24

Received

Sept 11, 2014

Alea V.



Driver's Licence
Permis de conduire

ON
CANADA

1.2 NAME/ NOM

CADASTRE,
JULIA

3. 325 WEBB DR UN102

MISSISSAUGA, ON, L5B 3Z9

4.4 NUMBER/
NUMERO

C0089 - 42004 - 75101

4.8 ISS/DEL

2011/1/15

4.9 EXP/EXP. 2015/06/22

5. DOB/REF

CE5861909

16 HGT/HAUT. 165 cm

6. SEX/SEXE

F

8. CLASS/
CATEG.

G1

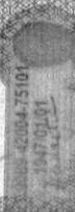
12. REST/
COND.

3. DOB/DOB 1947/01/01

1490687



Julia Cadastre



42004-75101

1947-01-01

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 #: **708** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **September 11, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | SAMUEL NOEL CADASTRE |
| 2. Address: | 325 WEBB DRIVE Apt 102,
MISSISSAUGA, ONTARIO, L5B 3Z9 |
| 3. Date of Birth: | December 24, 1945 |
| 4. Principal Business or Occupation: | <u>Retired</u> |
| 5. Identification Document (must see original): | <u>Driver's license</u> |
| 6. Document Identification Number: | <u>C0089-68864-51224</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>12/24/2018</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: | _____ |

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

Lot/Suite #: **708** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **September 11, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | JULIA CADASTRE |
| 2. Address: | 325 WEBB DRIVE Apt 102,
MISSISSAUGA, ONTARIO, L5B 3Z9 |
| 3. Date of Birth: | January 01, 1947 |
| 4. Principal Business or Occupation: | <u>Retired</u> |
| 5. Identification Document (must see original): | <u>Drivers license</u> |
| 6. Document Identification Number: | <u>C0089-42004-75010</u> |
| 7. Issuing Jurisdiction: | <u>ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>06/22/2015</u> |

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