

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 #: **212** Phase/Tower: **2** Plan No.:

Street: **4070 Confederation Parkway, Mississauga, ON** Suite # in the City of **Mississauga**

Date of Offer: **May 02, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | THUSHANTH SATKUNARAJAH |
| 2. Address: | 5569 WHIMBREL ROAD,
MISSISSAUGA, ONTARIO, L5V 2J4 |
| 3. Date of Birth: | April 09, 1985 |
| 4. Principal Business or Occupation: | <u>Credit Specialist</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence.</u> |
| 6. Document Identification Number: | <u>S0823-74108-50904</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2015/09/04</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 NAME / NOM SATKUNARAJAH THUSHANTH
2 ADDRESS / ADRESSE 6957 14TH AVENUE MARKHAM, ON L6B 0C7
34 NUMBER / NUMERO S0823 - 74108 - 50904
41 ISS / DEL 2014/08/06 46 EXP / EXP 2015/09/04
5 DOB REF / REF. CZ4243947 16 HGT / HAUT. 170 cm
15 SEX / SEXE M
9 CLASS / CLASSE G
12 REST / COND. X
1 DOB / DOB 1985/09/04





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Date of Offer: **May 02, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | NISHALINI SATHASIVAM |
| 2. Address: | 5569 WHIMBREL ROAD,
MISSISSAUGA, ONTARIO, L5V 2J4 |
| 3. Date of Birth: | October 11, 1985 |
| 4. Principal Business or Occupation: | <u>Registered Nurse</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | <u>S0807-59408-56011</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2016/10/11</u> |

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- | | |
|---|-------|
| 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
SATHASIVAM
NISHALINI
5569 WHIMBREL ROAD
MISSISSAUGA, ON, L5V 2J4

4d NUMBER/
NUMERO S0807 - 59408 - 56011

4a ISS/DEL 2012/12/13

4b EXP/EXP 2016/10/11

5 DD/REF CL7532000

16 HGT/HAUT. 169 cm

15 SEX/SEXE F

6 CLASS/

CATEG. G

12 REST/

COND. X

3 DOB/DCN 1985/10/11

5726055

S0807-59408-56011

1985/10/11

