

Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.*

Vendor: AMACON DEVELOPMENT (CITY CENTRE) CORP.

Lot/Suite #: **2420** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **May 12, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | FARAH R MARTINS |
| 2. Address: | 127 PINEMEADOW DRIVE,
WOODBIDGE, ONTARIO, L4L 9J4 |
| 3. Date of Birth: | August 07, 1962 |
| 4. Principal Business or Occupation: | Retired |
| 5. Identification Document (must see original): | Driver's Licence |
| 6. Document Identification Number: | <u>M0691-25976-25807</u> |
| 7. Issuing Jurisdiction: | Ontario |
| 8. Document Expiry Date (must not be expired): | 2016/08/07 |

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
MARTINS,
FARAH, R

3 127 PINEMEADOW DR
WOODBIDGE, ON, L4L 9J4

4d NUMBER/
NUMERO M0691 - 25976 - 25807

4a ISS/DEL 2011/07/07 4b EXP/EXP 2016/08/07

5 DO/REF CA9616622 16 HGT/HAUT. 163 cm

15 SEX/SEXE F

9 CLASS/
CATEG. G

12 REST/
COND. X

1 DOB/DOB 1962/08/07 *9965989*

Farah Martins

Received by Anita

May 12/15

INDIVIDUAL IDENTIFICATION INFORMATION RECORD
Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

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Date of Offer: **May 12, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | JOSE MARTINS |
| 2. Address: | 127 PINEMEADOW DRIVE,
WOODBIDGE, ONTARIO, L4L 9J4 |
| 3. Date of Birth: | September 16, 1960 |
| 4. Principal Business or Occupation: | <u>Contractor - self-employed</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence.</u> |
| 6. Document Identification Number: | <u>M0691-41006-00916</u> |
| 7. Issuing Jurisdiction: | <u>Ontario.</u> |
| 8. Document Expiry Date (must not be expired): | <u>2017/09/16</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
MARTINS,
JOSE

3 127 PINEMEADOW DR
WOODBIDGE, ON, L4L 9J4

4d NUMBER/
NUMERO M0691 - 41006 - 00916

4a ISS/DEL 2012/07/03 4b EXP/EXP. 2017/09/16

5 DD/REF CH8632747 18 HGT/HAUT. 175 cm

15 SEX/SEXE M

9 CLASS/
CATEG. G

12 REST/
COND.

3 DOB/ODN 1960/09/16 *3858185*

Signature: Jose Martins

Received by Anita
on May 11/15