

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 #: **1207** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **August 28, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | NICHOLAS MICHAEL QUADROS |
| 2. Address: | 581 ORANGE WALK CRES,
MISSISSAUGA, ONTARIO, L5R 0A3 |
| 3. Date of Birth: | April 03, 1984 |
| 4. Principal Business or Occupation: | <u>FLIGHT ATTENDANT</u> |
| 5. Identification Document (must see original): | <u>Drivers Licence</u> |
| 6. Document Identification Number: | <u>Q9003-59068-40403</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2015/04/03</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: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA



12 NAME/NOM

QUADROS,
NICHOLAS, MICHAEL

581 ORANGE WALK CRES
MISSISSAUGA, ON, L5R 0A3

4d NUMBER/
NUMERO

Q9003 - 59068 - 40403

4a ISS/DEL

2010/01/15

4b EXP/EXP

2015/04/03

5 DO/REF

AP1911430

16 HGT/HAUT

168 cm

15 SEX/SEX

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9 CLASS/
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Q9003-59068-40403

1984/04/03

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Q9003-59068-40403

1984/04/03

3 DATE OF BIRTH/DATE DE NAISS

1984/04/03

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PSV2 1207

424,900.00