

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

Ontario Driver's Licence Permis de conduire ON CANADA

1,2 NAME/ NOM
QUADROS,
NELROY, JIMMY
3 581 ORANGE WALK CRES
MISSISSAUGA, ON, L6R 0A3

4a NUMBER/
NUMERO Q9003 - 58759 - 00904

4b ISS/ DEL 2012/07/24 4c EXP/ EXP 2015/09/04

5 DO/ REF CJ3829720 15 HGT/ HAUT 164 cm

15 SEX/ SEXE M

6 CLASS/
CATEG G

12 REST/
COND X

1 DOB/ DON 1990/09/04 *4135990*

Signature: Quadros

Received by Aunt
June 22, 15

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 #: **1215** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **June 22, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | JACKINA FRANCIS QUADROS |
| 2. Address: | 581 ORANGEWALK CRES,
MISSISSAUGA, ONTARIO, L5R 0A3 |
| 3. Date of Birth: | February 27, 1959 |
| 4. Principal Business or Occupation: | <u>Housewife.</u> |
| 5. Identification Document (must see original): | <u>driver's licence.</u> |
| 6. Document Identification Number: | <u>Q9003-38035-95227</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>Q9003 - 38035 - 95227</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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1,2 NAME / NOM
QUADROS,
JACKINA, FRANCIS
3 581 ORANGE WALK CRES
MISSISSAUGA, ON, L5R 0A3

4, NUMBER /
NUMERO Q9003 - 38035 - 95227

4a ISS / DEL 2014/02/25 # EXP / EXP 2019/02/27

6 DO / REF CV4994801 16 HGT / HAUT 151 cm

13 SEX / SEXE F

9 CLASS /
CATÉG G

12 REST /
COND. X

5 DOB / DDN 1959/02/27

J F Quadros

Received by Anik
June 22/15