

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 #: **2202** Phase/Tower: **TWO** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **June 10, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | VALLABH D PATEL |
| 2. Address: | 154 MARTEL RD,
CHAPLEAU, ONTARIO, P0M 1K0 |
| 3. Date of Birth: | August 21, 1946 |
| 4. Principal Business or Occupation: | <u>SELF EMPLOYED</u> |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u> |
| 6. Document Identification Number: | <u>P0795-76224-60821</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>8/21/2018</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: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA



[Signature]

3 DOB/ON 1946/08/21

1 NAME/ NOM
PATEL,
VALLABH.D
154 MARTEL RD
CHAPLEAU, ON, P0M 1K0

4 NUMBER/
NUMERO P0795 - 76224 - 60821

4a ISS/ DEL 2014/08/13 4b EXP/ EXP 2018/08/21

5 DD/ REF CZ5236919 16 HGT/ HAUT 178 cm

15 SEX/ SEXE M

9 CLASS/
CATEG G

12 REST/
COND

P0795-76224-60821
1946-08-21

