

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 #: **1815** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **July 25, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|-------------------------------------------------|-------------------------------------------------------------|
| 1. Full Legal Name of Individual: | SHAHINA S UDDIN |
| 2. Address: | 2779 GALLEON CRES,
MISSISSAUGA, ONTARIO, L5M 5T9 |
| 3. Date of Birth: | August 25, 1956 |
| 4. Principal Business or Occupation: | <u>Accountant</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | <u>U1811-70385-65825</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2019/08/25</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

1,2 NAME / NOM
UDDIN,
SHAHINA,S
2779 GALLEON CRES
MISSISSAUGA, ON, L5M 5T9

4a NUMBER / NUMERO U1811 - 70385 - 65825 L

4b ISS / DEL 2014/07/15 4b EXP / EXP 2019/08/25

5 DD / REF CZ0670015 16 HGT / HAUT. 165 cm

15 SEX / SEXE F

8 CLASS / CATÉG. G

12 REST / COND.

3 DOB / D.O.B. 1956/08/25

1811-70385-65825
1956/08/25

Received by Anita
July 25/15