

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 #: **2219** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **July 06, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | KIT LO |
| 2. Address: | 1205 JEZERO CRES EAST,
OAKVILLE, ONTARIO, L6H 0B4 |
| 3. Date of Birth: | December 05, 1934 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>L6001-43503-41205</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

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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Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual:

WING LO
2. Address:

1205 JEZERO CRES EAST,
OAKVILLE, ONTARIO, L6H 0B4
3. Date of Birth:

November 18, 1992
4. Principal Business or Occupation:
5. Identification Document (must see original):
6. Document Identification Number:

L6001-78709-26118
7. Issuing Jurisdiction:
8. Document Expiry Date (must not be expired):

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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:

BLK NINE

22/19

Cathy Perle

Ontario Driver's Licence **ON**
Permis de conduire CANADA

1,2 NAME/NOM L.O.
KIT
8 1205 JEZERO CRES E
OAKVILLE, ON, L6H 0B4
4d NUMBER/ L6001 - 43503 - 41205
NUMERO
4a ISS/DEL. 2015/04/02 4b EXP/EXP 2017/04/01
5 DD/REF. DE0430563 16 HGT/HAUT. 168 cm
15 SEX/SEXE M
9 CLASS/ G
CATEG
12 REST/ X
COND.

19001-43503-41205
19341205

3 DOB/DEN 1934/12/05

Ontario Driver's Licence **ON**
Permis de conduire CANADA

1,2 NAME/NOM L.O.
WING
8 1205 JEZERO CRES E
OAKVILLE, ON, L6H 0B4
4d NUMBER/ L6001 - 78709 - 26118
NUMERO
4a ISS/DEL. 2013/09/06 4b EXP/EXP 2017/11/18
5 DD/REF. CR7868570 16 HGT/HAUT. 153 cm
15 SEX/SEXE F
9 CLASS/ G
CATEG
12 REST/ COND.

19001-78709-26118
199211118

3 DOB/DEN 1992/11/18