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: **L6001-43503-41205**
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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Date of Offer: **July 06, 2015**

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): _____

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.

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BLK WINE

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City Centre