

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

Lot/Suite #: **430** Phase/Tower: **9 South** Plan No.:

Date of Offer: **September 12, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | MODESTE PAPAMANOLOPOULOS |
| 2. Address: | 6089 DUFORD DRIVE,
MISSISSAUGA, ONTARIO, L5V 1A7 |
| 3. Date of Birth: | November 04, 1967 |
| 4. Principal Business or Occupation: | Resturant Owner |
| 5. Identification Document (must see original): | DRIVER LICENCE |
| 6. Document Identification Number: | <u>P0510-56006-71104</u> |
| 7. Issuing Jurisdiction: | ONTARIO |
| 8. Document Expiry Date (must not be expired): | 2020 11/104 |

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: _____

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

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

Date of Offer: **September 12, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | ELIZABETH PAPPAS |
| 2. Address: | 6089 DUFORD DRIVE,
MISSISSAUGA, ONTARIO, L5V 1A7 |
| 3. Date of Birth: | October 17, 1966 |
| 4. Principal Business or Occupation: | <u>RESTAURANT owner</u> |
| 5. Identification Document (must see original): | <u>DRIVERS LICENCE</u> |
| 6. Document Identification Number: | <u>P0525-21206-66017</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>2017/10/17</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.

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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: | _____ |

RECEIVED
SEP 12 2015

Ontario Driver's Licence / Permis de conduire ON CANADA

1.2 NAME/NOM: PAPAMANOLOPOULOS, MODESTE
6089 DUFORD DR
MISSISSAUGA, ON, L5V 1A7

4.1 NUMBER/NUMERO: P0510 - 56006 - 71104
4.2 ISS/DEL: 2015/08/20 4b EXP/EXP: 2020/11/04
6 DO/REF: DG7012580 16 HGT/HAUT: 168 cm

15 SEX/SEXE: M
9 CLASS/CATEG: G
12 REST/COND: X

3 DOB/DOB: 1967/11/04

Signature: [Signature]

RECEIVED
SEP 12 2015

Ontario Driver's Licence / Permis de conduire ON CANADA

1.2 NAME/NOM: PAPPAS, ELIZABETH
6089 DUFORD DR
MISSISSAUGA, ON, L5V 1A7

4.1 NUMBER/NUMERO: P0525 - 21206 - 66017
4.2 ISS/DEL: 2012/10/16 4b EXP/EXP: 2017/10/17
6 DO/REF: CL1045733 16 HGT/HAUT: 168 cm

15 SEX/SEXE: F
9 CLASS/CATEG: G
12 REST/COND: X

3 DOB/DOB: 1966/10/17 *5120679*

Signature: [Signature]