

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

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **4906**    Phase/Tower: **ONE**    Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **October 01, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>MILDRED MEI YUK WONG</b>                                   |
| 2. Address:                                     | <b>4888 ROSEGLEN COURT,<br/>MISSISSAUGA, ONTARIO, L5V 1K8</b> |
| 3. Date of Birth:                               | <b>January 06, 1958</b>                                       |
| 4. Principal Business or Occupation:            | <u>Business Manager</u>                                       |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                       |
| 6. Document Identification Number:              | <b><u>W6401-53795-85106</u></b>                               |
| 7. Issuing Jurisdiction:                        | <u>ONT</u>  |
| 8. Document Expiry Date (must not be expired):  | <u><del>2017/1/1</del> 2020/1/1</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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**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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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>MICHAEL WONG</b>   |
| 2. Address:                                     | <b>4888 ROSEGLEN COURT,<br/>MISSISSAUGA, ONTARIO, L5V 1K8</b> |
| 3. Date of Birth:                               | <b>November 14, 1955</b>                                      |
| 4. Principal Business or Occupation:            | <u>Dentist</u>  |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                       |
| 6. Document Identification Number:              | <b><u>W6401-54405-51114</u></b>                               |
| 7. Issuing Jurisdiction:                        | <u>Ont</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2017/11/14</u>   |

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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:                               | _____ |

PSV 4906 (PH6-)

9785,900

Richard 29 Sep 15

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

1,2 NAME/NOM: **WONG, MICHAEL**

8 4888 ROSEGLEEN CRT  
MISSISSAUGA, ON, L5V 1K8

4b NUMBER/NUMERO: **W6401 - 54405 - 51114**

4a ISS/DEL: 2012/09/20 4b EXP/EXP: 2017/11/14

5 DO/REF: CJ8239276 16 HGT/HAUT: 163 cm

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

3 DOB/DOB: **1955/11/14** \*4847729\*

*Michael Wong*

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

1,2 NAME/NOM: **WONG, MEI YUK, MILDRED**

8 4888 ROSEGLEEN CRT  
MISSISSAUGA, ON, L5V 1K8

4b NUMBER/NUMERO: **W6401 - 53795 - 85106**

4a ISS/DEL: 2015/01/06 4b EXP/EXP: 2020/01/06

5 DO/REF: DC1186348 16 HGT/HAUT: 152 cm

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

3 DOB/DOB: **1958/01/06**

*Richard Wong*