

**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 #: **601**      Phase/Tower: **TWO**      Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **October 05, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>SHAHNAZ F KIYANI</b>                                   |
| 2. Address:                                     | <b>505 HOUNSLOW AVE,<br/>NORTH YORK, ONTARIO, M2R 1J1</b> |
| 3. Date of Birth:                               | <b>March 20, 1945</b>                                     |
| 4. Principal Business or Occupation:            | _____   |
| 5. Identification Document (must see original): | _____   |
| 6. Document Identification Number:              | <b><u>K4767-70334-55320</u></b>                           |
| 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.

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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.

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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:                               | _____ |



Driver's Licence  
Permis de conduire

ON  
CANADA



1,2 NAME/ NOM  
KIYANI,  
SHAHNAZ, F  
3 505 HOUNSLOW AVE  
NORTH YORK, ON, M2R 1J1

4,5 NUMBER/ NUMERO K4767 - 70334 - 55320

4,6 ISS/ DEL 2013/02/15 4,6 EXP/ EXP 2018/03/20

6 DOB REF CN3466422 16 HGT/HAUT 165 cm

15 SEX/ SEXE F

9 CLASS/ CATEG G

12 REST/ COND X

*Signature*  
3 DOB/ DON 1945/03/20



K4767 70334 55320  
1945/03/20