

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

Street: in the City of **Mississauga**

Date of Offer: **October 04, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | DANILO R AGANA |
| 2. Address: | 5523 SPANGLER DRIVE,
MISSISSAUGA, ONTARIO, L5R 3A2 |
| 3. Date of Birth: | May 06, 1950 |
| 4. Principal Business or Occupation: | <u>RETIRED</u> |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u> |
| 6. Document Identification Number: | <u>A3063-15375-00506</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>05/06/2020</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.

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

Street: in the **City of Mississauga**

Date of Offer: **October 04, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | MARILOU J AGANA |
| 2. Address: | 5523 SPANGLER DRIVE,
MISSISSAUGA, ONTARIO, L5R 3A2 |
| 3. Date of Birth: | September 11, 1951 |
| 4. Principal Business or Occupation: | RETIRED |
| 5. Identification Document (must see original): | CITIZENSHIP CARD |
| 6. Document Identification Number: | <u>PR# 5418648</u> |
| 7. Issuing Jurisdiction: | CANADA |
| 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: _____



Government
of Canada




Government
du Canada


MARILOU J. AGANA

DOB : Date Y.A. M. D.J.	SEX SEXE	HEIGHT CM TAILLE
51 09 11	F	153


YP-AP	EYES-YEUX
93	BROWN

5418648






PSV 2 unit 701



Ontario


Driver's Licence
Permis de conduire

ON
CANADA



1, 2 NAME / NOM
AGANA, DANILOR
3 5523 SPANGLER DR
MISSISSAUGA, ON, L5R 3A2
4d NUMBER /
A3063 - 15375 - 00506
4a ISS/DEL
2015/04/28 2020/05/06
5 DOB/REF
DE2935905
6 SEX/SEX
M
7 CLASS /
G
8 CATEG.
12 REST /
1950/05/06
3 D.O.B/DN





16 HGT/HAUT
163 cm
15005-15375-00506
1500506

PSV2 unit 701