

**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 #: **1121**    Phase/Tower: **9 South**    Plan No.:

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

Date of Offer: **November 11, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>RICHA BHATNAGAR</b>                                    |
| 2. Address:                                     | <b>739 ESPRIT CRES,<br/>MISSISSAUGA, ONTARIO, L5R 3C1</b> |
| 3. Date of Birth:                               | <b>October 01, 1969</b>                                   |
| 4. Principal Business or Occupation:            | <u>Service Canada - Expertise Advisor</u>                 |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                   |
| 6. Document Identification Number:              | <b><u>B3256-65506-96001</u></b>                           |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2020/10/01</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:                               | _____ |

 Ontario Driver's Licence / Permis de conduire ON CANADA



1.2 NAME / NOM  
BHATNAGAR,  
RICHHA

3. ADDRESS / ADRESSE  
739 ESPRIT CRES  
MISSISSAUGA, ON, L5R 3C1

4.1 NUMBER / NUMERO  
B3256 - 65506 - 96001

4.2 ISS / DEL  
2015/09/22

5. DD / REF  
DH1084467

15 SEX / SEXE  
F

9 CLASS / CATEG.  
G

12 REST / COND.  
1969/10/01

16 HGT / HAUT 158 cm

17 EXP / EXP. 2020/10/01

18 1256 65506-96001  
1969/10/01

Received by Aunt  
Nov 11/15

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Date of Offer: **November 11, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>SANJEEV SRIVASTAVA</b>                                 |
| 2. Address:                                     | <b>739 ESPRIT CRES,<br/>MISSISSAUGA, ONTARIO, L5R 3C1</b> |
| 3. Date of Birth:                               | <b>February 08, 1965</b>                                  |
| 4. Principal Business or Occupation:            | <u>IT Professional</u>                                    |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                   |
| 6. Document Identification Number:              | <b><u>S7466-69106-50208</u></b>                           |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2016/02/08</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.


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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:                               | _____ |

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

  
**1.2 NAME/ NOM**  
**SRIVASTAVA,**  
**SANJEEV**  
**2. 739 ESPRIT CRES**  
**MISSISSAUGA, ON, L5R 3C1**  
**4.0 NUMBER/**  
**NUMERO** **S7466 - 69106 - 50208**  
**4.1 ISS/ DEL** **2011/01/12** **4.2 EXP/ EXP** **2016/02/08**  
**5. DO/ REF** **AX2531831** **16. HGT/ HAUT** **168 cm**  
**15. SEX/ SEXE** **M**  
**9. CLASS/**  
**CATEG.** **G**  
**12. REST/**  
**COND.** **X**  
**3. DOB/ ODN** **1965/02/08** **\*8158353\***

*Sanjeev*

**S7466-69106-50208**  
**1965/02/08**

Received by Anita  
Nov 11/15