

**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 #: **2415**    Phase/Tower: **9 South**    Plan No.:

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

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

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>LESLIE PIEDRAHITA</b>   |
| 2. Address:                                     | <b>2900 BATTLEFORD RD Apt 204,<br/>MISSISSAUGA, ONTARIO, L5N 2V9</b> |
| 3. Date of Birth:                               | <b>February 16, 1990</b>   |
| 4. Principal Business or Occupation:            | <u>Spa Therapist</u>   |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>  |
| 6. Document Identification Number:              | <b><u>P4156-46209-05216</u></b>                                      |
| 7. Issuing Jurisdiction:                        | <u>Ont</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2017/2/14</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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Date of Offer: **October 04, 2015**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>MARIO A GUERRERO CASTILLO</b>                                     |
| 2. Address:                                     | <b>2900 BATTLEFORD RD Apt 204,<br/>MISSISSAUGA, ONTARIO, L5N 2V9</b> |
| 3. Date of Birth:                               | <b>May 18, 1990</b>  |
| 4. Principal Business or Occupation:            | <u>NOT AT THE MOMENT</u>   |
| 5. Identification Document (must see original): | <u>Driver's licence</u>  |
| 6. Document Identification Number:              | <b><u>G9118-51919-00518</u></b>                                      |
| 7. Issuing Jurisdiction:                        | <u>Ont</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2018/12/11</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:                               | _____ |

B9S #2415

Alberto (NE)

40415

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

**ON**  
CANADA

12 NAME/ NOM  
GUERRERO CASTILLO,  
MARIO ALBERTO

8 204-2900 BATTLEFORD RD  
MISSISSAUGA, ON, L5N 2V9

4d NUMBER/  
NUMERO  
**G9118 - 51919 - 00518**

4a ISS/DEL 2015/06/09

5 DD/REF C28037401

15 SEX/SEXE M

9 CLASS/ CATEG G

12 REST/ COND

4b EXP/EXP 2018/12/14

16 HGT/HAUT 170 cm

3 DOB/DOB 1990/05/18

*Mario Guerra*

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

**ON**  
CANADA

12 NAME/ NOM  
PIEDRAHITA,  
LESLIE

8 204-2900 BATTLEFORD RD  
MISSISSAUGA, ON, L5N 2V9

4d NUMBER/  
NUMERO  
**P4156 - 46209 - 05216**

4a ISS/DEL 2013/08/27

5 DD/REF CR6060999

15 SEX/SEXE F

9 CLASS/ CATEG G

12 REST/ COND

4b EXP/EXP 2017/02/16

16 HGT/HAUT 157 cm

3 DOB/DOB 1990/02/16

*Leslie P*