

**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 #: **506**    Phase/Tower: **ONE**    Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **November 10, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>LIZHEN SU</b>   |
| 2. Address:                                     | <b>3212 COUNTESS CRES,<br/>MISSISSAUGA, ONTARIO, L5M 0E2</b> |
| 3. Date of Birth:                               | <b>July 12, 1975</b>   |
| 4. Principal Business or Occupation:            | <u>Waitress</u>  |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                      |
| 6. Document Identification Number:              | <b><u>S9001-47807-55712</u></b>                              |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>2016/07/12</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.

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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:                               | _____ |

Ontario Driver's Licence Permis de conduire ON CANADA

1 DOB/ON 1975/07/12

2 NAME/NOM  
SU,  
LIZHEN  
3 3212 COUNTESS CRES  
MISSISSAUGA, ON, L5M 0E2

4 NUMBER/  
NUMERO S9001 - 47807 - 55712

4a ISS/DEL 2011/05/31 4b EXP/EXP 2016/07/12

5 DO REF CA5470833 10 HGT/HAUT 157 cm

6 SEX/SEXE F

6 CLASS/  
CATEG G

12 REST/  
COND X

\*9548178\*

Signature: *Su, Lizhen*

Received by *Anita*

Nov 8/15



Driver's Licence  
Permis de conduire

ON  
CANADA



*Wu*  
1 DOB/ODN 1963/06/10

1,2 NAME/NOM

WU,  
GUO-HAO

3 3212 COUNTESS CRES  
MISSISSAUGA, ON, L5M 0E2

4a NUMBER/  
NUMERO

W9001 - 30806 - 30610

4b ISS/DEL

2011/02/25

4c EXP/EXP

2016/06/10

5 DOV/REF

AX6659551

16 HGT/HAUT

170 cm

15 SEX/SEXE

M

9 CLASS/  
CATEG

G

12 REST/  
COND

W9001-30806-30610  
1963/06/10

\*8558294\*