

**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 #: **704**      Phase/Tower: **9 North**      Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **October 30, 2015**

Sales Representative: **In2ition Realty**

---

**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>JOANNA POSBERG</b>                                   |
| 2. Address:                                     | <b>7768 NO 5 SIDEROAD,<br/>MILTON, ONTARIO, L9T 7K7</b> |
| 3. Date of Birth:                               | <b>May 03, 1971</b>                                     |
| 4. Principal Business or Occupation:            | <u>Business owner child</u>                             |
| 5. Identification Document (must see original): | <u>driver's licence</u> <u>Care</u>                     |
| 6. Document Identification Number:              | <b><u>P6686-40207-15503</u></b>                         |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2020/05/03</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:                               | _____ |



Driver's Licence  
Permis de conduire

ON  
CANADA



3 DOB/DOB 1971/05/03

1,2 NAME/NO  
POSBERG,  
JOANNA  
3 7768 NO 5 SIDERD  
MILTON, ON, L9T 7K7  
44 NUMBER/  
NUMBER  
44 ISS/DEL  
2015/04/28  
5 DO/REF  
DE3694562  
6 SEX/SEXE  
F  
7 CLASS/  
CATEG  
G  
8 EXPI/EXP  
2020/05/03  
9 HGT/HAUT  
168 cm  
10 DRESS/HAIR  
15503  
11 EXPI/EXP  
2020/05/03  
12 HGT/HAUT  
168 cm

