

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

Street: in the **City of Mississauga**

Date of Offer: **December 15, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | HILDA GNANAPRAGASAM |
| 2. Address: | 50 MISSISSAUGA VALLEY BLVD.Apt 1016,
MISSISSAUGA, ONTARIO, L5A 3S2 |
| 3. Date of Birth: | December 27, 1980 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>155223-571</u> |
| 7. Issuing Jurisdiction: | _____ |
| 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: | _____ |


Ontario

Driver's Licence
Permis de conduire

ON
CANADA



1. NAME / NOM
 GNANAPRAGASAM,
 HILDA

2. ADDRESS / ADRESSE
 1016-50 MISSISSAUGA VLY BL
 MISSISSAUGA, ON, L5A 3S2

3. LICENCE NUMBER / NUMERO DE PERMIS
G5860 - 33208 - 06227

4. DATE OF BIRTH / DATE DE NAISSANCE
 2014/03/27

5. SEX / SEXE
 F

6. HEIGHT / HAUTEUR
 153 cm

7. WEIGHT / POIDS
 55 kg

8. EYES / YEUX
 BROWN / BRUN

9. HAIR / CHEVEUX
 BLACK / NOIR

10. BUILD / CONSTITUTION
 NORMAL

11. SPECIAL VEHICLE ENDORSEMENTS / VEHICULES SPECIAUX
 NONE / AUCUN

12. SIGNATURE / SIGNATURE


13. EXPIRATION DATE / DATE D'EXPIRATION
 2017/07/06

14. CLASS / CLASSE
 G

15. CATEGORY / CATEGORIE
 1. CAR / VOITURE
 2. TRUCK / CAMION
 3. MOTORCYCLE / MOTOCYCLE

16. PHOTO / PHOTO


17. DATE OF ISSUE / DATE DE DELIVRANCE
 1980/12/27

Hilda ⇒ 437-333-9375