

Ontario

Driver's Licence
Permis de conduire

ON
CANADA



1 NAME / NOM
PARA,
KARYMAN

2 RES / ADRESSE
257 CASSACK CRT
MISSISSAUGA, ON, L5B 4C2

3 DOB / DATE
1991/05/07

4a NUMBER /
NUMERO
P0532 - 42409 - 10507

4b ISS / DEL
2016/04/11

4c EXP / EXP
2021/05/07

5 DOB / REF
DL3288443

6 SEX / SEXE
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7 CLASS /
CATEGORIES
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8 RSTN /
COND
1991/05/07

9 HGT / HAUT
175 cm

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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 #: **2203** Phase/Tower: **9 North** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **August 24, 2016**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | KAIYMAN PARA |
| 2. Address: | 257 COSSACK COURT,
MISSISSAUGA, ONTARIO, L5B 4C2 |
| 3. Date of Birth: | May 07, 1991 |
| 4. Principal Business or Occupation: | <u>Business Analyst</u> |
| 5. Identification Document (must see original): | <u>Driver's License</u> |
| 6. Document Identification Number: | <u>P0532-42409-10507</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2021/05/07</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: | _____ |