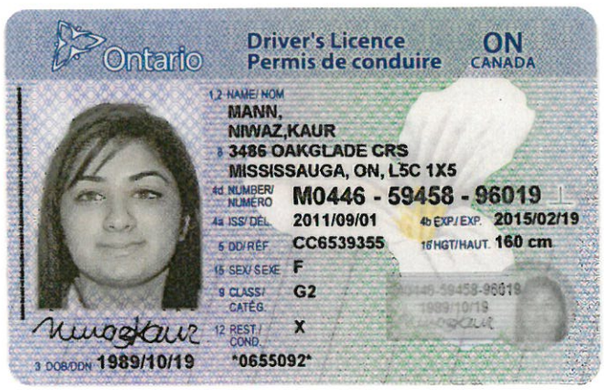
Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
MANN,
NIWAZ,KAUR
8 3486 OAKGLADE CRS
MISSISSAUGA, ON, L5C 1X5
4d NUMBER/ NUMÉRO M0446 - 59458 - 96019
4a ISS/ DÉL 2011/09/01
4b EXP/ EXP. 2015/02/19
5 DD/ RÉF CC6539355
16 HGT/ HAUT. 160 cm
15 SEX/ SEXE F
9 CLASS/ CATÉG. G2
12 REST/ COND. X
3 DOB/DDN 1989/10/19
0655092

4408

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 #: **4408** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **March 10, 2012**

Sales Representative: **Brittney**

Verification of Individual

1. Full Legal Name of Individual: **Niwaz Kaur Mann**
2. Address: **3486 OAKGLADE CRES, MISSISSAUGA, ONTARIO, L5C 1X5**
3. Date of Birth: **October 19, 1989**
4. Principal Business or Occupation: Student
5. Identification Document (must see original): _____
6. Document Identification Number: **M0446-59458-96019**
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: _____