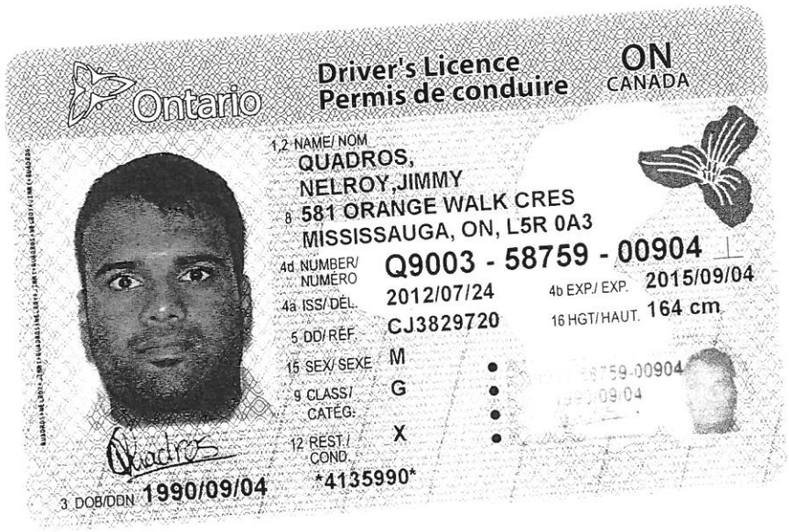
Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
QUADROS,
NELROY,JIMMY
8 581 ORANGE WALK CRES
MISSISSAUGA, ON, L5R 0A3
4d NUMBER/ NUMÉRO
Q9003 - 58759 - 00904
4a ISS/ DÉL.
2012/07/24
4b EXP/ EXP.
2015/09/04
5 DD/ RÉF.
CJ3829720
16 HGT/ HAUT.
164 cm
15 SEX/ SEXE
M
9 CLASS/ CATÉG.
G
12 REST./ COND.
X
4135990
3 DOB/DDN
1990/09/04

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 #: **1007** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **September 02, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **NELROY JIMMY QUADROS**
2. Address: **581 ORANGEWALK CRES, MISSISSAUGA, ONTARIO, L5R 0A3**
3. Date of Birth: **September 04, 1990**
4. Principal Business or Occupation: Student
5. Identification Document (must see original): Driver's Licence
6. Document Identification Number: **Q9003-58759-00904**
7. Issuing Jurisdiction: Ontario
8. Document Expiry Date (must not be expired): 2015/09/04

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: _____