





Please complete and submit this form to your employer to have your paycheque automatically deposited into your Scotiabank account.

To:

(INSERT NAME OF YOUR EMPLOYER)

Please accept these instructions to automatically deposit my paycheque into my bank account as outlined below:

**Employee Information**

EMPLOYEE NAME <b>MR ARTURO E ACOSTA</b>		TEL. NO. <b>(807) 631-4473</b>
ADDRESS <b>305 BALSAM ST UNIT 1</b>		
CITY <b>THUNDER BAY</b>	PROVINCE <b>ON</b>	POSTAL CODE <b>P7A5N6</b>
EMPLOYEE NUMBER (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)	

**Employee Bank Account Information**

INSTITUTION <b>THE BANK OF NOVA SCOTIA</b>	NUMBER <b>002</b>	12 DIGIT ACCOUNT NUMBER	
		<b>00687</b>	<b>0041785</b>
Company Processing Instructions		Enter as TRANSIT No.	Enter as ACCOUNT No.
BRANCH ADDRESS			

I am advising the Company to change my payroll direct deposit as indicated above. I understand that Scotiabank is not responsible for verifying these payments to my account. I will notify the Company promptly in writing if I close or make other changes to my account.


Authorized by:

\_\_\_\_\_  
SIGNATURE

2023-JUN-19

\_\_\_\_\_  
DATE

Please forward the completed request to the appropriate department in your company. Some employers may also ask you to attach a voided cheque. You may wish to keep a copy of the completed form for your records.


 Scotiabank


MR ARTURO E ACOSTA  
305 BALSAM ST UNIT 1  
THUNDER BAY ON P7A5N6

DATE 2 0 - -  
Y Y Y Y M M D D

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

VOID

100 DOLLARS 

MEMO \_\_\_\_\_ 

00687 002 0041785  
Transit Institution # Account

**Nishnawbe-Aski Legal Services Corporation**  
**Acknowledgement**



\*\*I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.\*\*

\*\*I hereby acknowledge that I have read and understood the Employee Manual.\*\*

Arturo Acosta

Print Name

*[Handwritten Signature]*

Signature

Dated this <sup>th</sup> 6 day of July, 202\_3



**NEW EMPLOYEE DETAIL FORM**

**Personal Information:**

First Name: Arturo Last Name: Acosta  
 Date of Birth (YYYY/MM/DD): 1983/10/05  
 Phone #: 807-631-4473 Alt. #: \_\_\_\_\_  
 Email (Personal): acostalawtbay@gmail.com

**Home Address:**

1-305 Balsam St Thunder Bay ON P7A 5N6  
 # Street City Province Postal Code

**Mailing Address (if different):**

                                                                                     
 P.O Box City Province Postal Code

**Employment Information:**

Start Date: June 19, 2023 Employee #: \_\_\_\_\_  
 Employment Type:  Permanent  Contract  
 End Date: \_\_\_\_\_  
 Employment Status:  Full Time  Part Time  Casual  
 Position: Staff Lawyer Salary: 97,480  
 Manager: Don Rusnak Pay Band: \_\_\_\_\_  
 Grid: \_\_\_\_\_

**Banking & Payroll Information:**

Name of Bank: Scotiabank  
 Account #: 0041785  
 Transit #: 00687  
 Institution #: 002  
 SIN #: 520-157-595

**Tax Exemption:**

Declaration Form Attached?  
 Yes Band Membership #: \_\_\_\_\_  
 No - Fed/Prov Tax Forms Attached

**Pension and Benefits:**

Pension Eligibility Date: September 16, 2023  
 Benefit Eligibility Date: September 16, 2023

**Finance Only:**

Date Received: \_\_\_\_\_ Entered into Adagio Systems by: \_\_\_\_\_



**NISHNAWBE - ASKI  
Legal Services Corporation**

**Employee Information**

**1. Personal Information**

Full Given Name: Acosta Arturo E.  
Last First M Initial.

Address: 1-305 Balsam St  
Street Address Box #

Thunder Bay ON P7A5N6  
City/Town Province Postal Code

Home Phone: (807) 631-4473 Alternate Phone: ( )

Primary Email: acosta@thunderbay.com @gmail DOB 10 / 05 / 1983  
M/D/Y

SSN #: 520 157 595 Status # \_\_\_\_\_

**2. Job Information**

Title: Staff Lawyer Employee ID: \_\_\_\_\_

Supervisor: Don Rusnak Department: Legal Aid - Staff Lawyer

Work Location: Arthur St/Chippewas Work Email: aacosta@nonlegal.on.ca

Work Phone: ( ) Cell Phone: (807) 631-4473

Start Date: June 1st / 23 Benefits: Sept 16, 2023 Pension:  Y  N Sept 16, 2023

Term Date: \_\_\_\_\_ Salary: \$ 97,480

**3. Emergency Contact Information**

Full Name: Acosta Abraham A  
Last First M Initial.

Address: 1-305 Balsam St, Thunder Bay  
Street Address Box #

Thunder Bay ON P7A5N6  
City/Town Province Postal Code

Primary Phone: (807) 707-7703 Alternate Phone: ( )

Relationship: Brother



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION  
OATH OF CONFIDENTIALITY**

As a person working at Nishnawbe-Aski Legal Services Corporation (“NALSC”) you are privy to confidential material. Confidentiality of client and NALSC information is essential. While at NALSC, you shall not disclose to any member of the public any confidential information obtained during his/her position with NALSC.

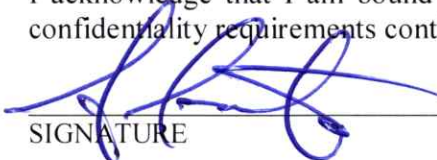
All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

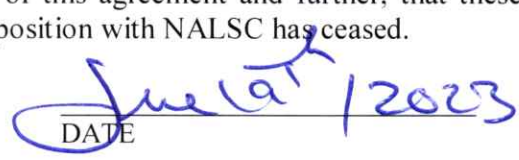
Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during your position with NALSC. We are entrusted with the confidential records of clients and of personnel throughout the Corporation and are always expected to comply with NALSC’s Oath of Confidentiality Agreement.

**EMPLOYEE STATEMENT OF NON-DISCLOSURE**

I have read and understand this statement. I agree to abide by NALSC’s Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

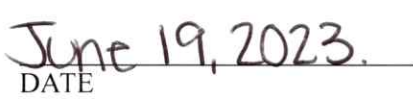
I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

  
SIGNATURE

  
DATE

  
PRINT FULL NAME

  
SIGNATURE OF WITNESS

  
DATE

  
PRINT FULL NAME OF WITNESS



Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name <i>Acosta</i>	First name and initial(s) <i>Arvo E</i>	Date of birth (YYYY/MM/DD) <i>1983/10/05</i>	Employee number
Address <i>1-305 Balsam St</i>	Postal code <i>R1A5N6</i>	For non-residents only Country of permanent residence	Social insurance number <i>520157595</i>

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 Personal Tax Credits Return, and enter the calculated amount here.

*11,865*

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,499 for each infirm child born in 2006 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2023, and your net income for the year from all sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less:** \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,428.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **both** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$26,782 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$26,782 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.

Your employer or payer will use this amount to determine the amount of your tax deductions.

*11,865*  
*0*



**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2023?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2023:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](https://canada.ca/taxes-northern-residents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

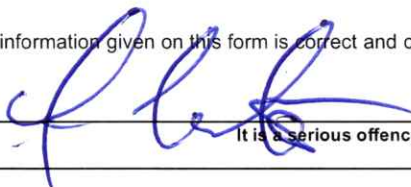
To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature



It is a serious offence to make a false return.

Date

2023-06-13

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name <b>Acosta</b>		First name and initial(s) <b>Arno E</b>		Date of birth (YYYY/MM/DD) <b>1983/10/05</b>	Employee number
Address <b>1-305 Balem St</b>			Postal code <b>R7A5N6</b>	For non-residents only Country of permanent residence	Social insurance number <b>520 1175 915</b>
<p><b>1. Basic personal amount</b> – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2.</p>					<b>11,865</b>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2023, and your net income will be \$43,127 or less, enter \$5,793. You may enter a partial amount if your net income for the year will be between \$43,127 and \$81,747. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2023 Ontario Personal Tax Credits Return.</p>					
<p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter <b>whichever is less</b>: \$1,641 or your estimated annual pension.</p>					
<p><b>4. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,586.</p>					
<p><b>5. Spouse or common-law partner amount</b> – Enter \$10,075 if you are supporting your spouse or common-law partner and <b>both</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>Your spouse or common-law partner lives with you</li> <li>Your spouse or common-law partner's net income for the year will be \$1,007 or less</li> </ul> <p>You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.</p>					
<p><b>6. Amount for an eligible dependant</b> – Enter \$10,075 if you are supporting an eligible dependant and <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> <li>The dependant is related to you and lives with you</li> <li>The dependant's net income for the year will be \$1,007 or less</li> </ul> <p>You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,007 and \$11,082. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.</p>					
<p><b>7. Ontario caregiver amount</b> – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older who is your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> <li>child or grandchild</li> <li>parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada</li> </ul> <p>To calculate this amount, fill out the line 7 section of Form TD1ON-WS.</p>					
<p><b>8. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>					
<p><b>9. Amounts transferred from a dependant</b> – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>					
<p><b>10. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>					<b>11,865</b>

**Arno E Acosta**  
10

**Filling out Form TD1ON**

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

**Total income is less than the total claim amount**

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

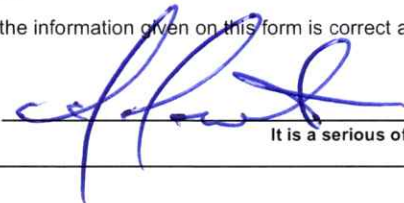
To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature



It is a serious offence to make a false return.

Date

2023-06-13

# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION



## LAPTOP USER AGREEMENT

1. NALSC has issued you a business lap top/computer for work-related purposes. Employees in possession of NALSC equipment are expected to use the equipment for business purposes only and to maintain the equipment from misuse, damage or theft.
2. Employees who are provided with NALSC lap tops are accountable for any damage that may occur.
3. If a NALSC-owned lap top is damaged, lost, or stolen, it must be reported immediately to the Manager and the Finance department.
4. If a NALSC-owned lap top/computer is damaged, lost, or stolen through the negligence of the authorized user, that individual will be responsible for reimbursing NALSC for all repair or replacement costs. He or she will be required to reimburse NALSC the purchase price of the equipment.
5. At any time the manager of the employee may request for the lap top/computer to be returned.

### Employee Declaration

I, Airwo Acosta, have read and understand the above Lap top/Computer Agreement and consent to adhere to the rules outlined therein.

[Signature]  
Employee Signature

Legal Aid Ontario  
Program

Don Busnak  
Supervisor/Manager

June 19, 2023  
Date

Laptop <u>or</u> Computer	Serial # <u>H5-OEEG2P</u>	Colour <u>Black</u>
Brand/Model <u>Lenovo ThinkPad</u>	Brand New? <u>Y/N</u> Purchase Date:	Accessories Included? <u>Y/N</u> Please List: <u>mouse and charger</u>

ServiceOntario.ca

9 CLASS/ CATEGORIE

Automobile combin. (max. 11,000 kg)  
Towed vehicle (max. 4600 kg)  
Automobiles/ensembles de véhicules  
(11000 kg max.), véhicule remorque  
ne dépassant pas 4600 kg

12 RESTRICTIONS/ CONDITIONS

HN0165859



\*6463977\*





Driver's Licence  
Permis de conduire

ON  
CANADA



1,2 NAME/ NOM  
ACOSTA,  
ARTURO, ERNESTO  
8 1-305 BALSAM ST  
THUNDER BAY, ON, P7A 5N6



4d NUMBER/  
NUMÉRO **A1715 - 06238 - 31005**  
4a ISS/ DEL 2022/09/08 4b EXP/ EXP 2025/10/05  
6 DD/ RÉF HN0165859 16 HGT/ HAUT. 165 cm

15 SEX/ SEXE M

9 CLASS/  
CATÉG G

12 REST/  
COND.

3 DOB/ DDN 1983/10/05

