

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 #: **4101** Phase/Tower: **ONE** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **April 23, 2012**

Sales Representative:

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | RIM ALKURDI |
| 2. Address: | 5335 FALLINGBROOK DR,
MISSISSAUGA, ONTARIO, L5V 1P6 |
| 3. Date of Birth: | March 30, 1970 |
| 4. Principal Business or Occupation: | Doctor |
| 5. Identification Document (must see original): | Passport |
| 6. Document Identification Number: | PASSPORT:N 002946364 |
| 7. Issuing Jurisdiction: | Syrian Arab Republic |
| 8. Document Expiry Date (must not be expired): | 19/09/2013 |

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: | _____ |

PSV1, BL7

#4101

Received

April 25, 2012

Alex

Ontario Driver's Licence
Permis de conduire

AL KURDI
F
24-88 CHAPMAN CRT
LONDON, ON, N6G 4X5
A5420 - 65707 - 05330
2011/10/06 40 EXP/EXP: 2016/10/05
165 CM/HAUT: 167 cm

SEX/SEX: F
EYES/EYES: GR
HAIR/HAIR: BK
DOB/DOB: 1980/01/01
1061893

05330

ServiceOntario.ca

CE0728135

12 RESTRICTIONS/CONDITIONS
Corr Lenses/Ventose.com

da véhicules (1000 kg max.)
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Passport No. 45

وزارة الداخلية - إدارة الهجرة والجنسية

MINISTRE DE L'INTÉRIEUR - DÉPARTEMENT DE L'IMMIGRATION ET DES PASSAPORTS
MINISTRE DE L'INTÉRIEUR - DÉPARTEMENT DE L'IMMIGRATION ET DES PASSAPORTS

يطلب من موظفي حكومة الجمهورية العربية السورية ومن ممثليها في الخارج ورجعي من كل ساطة أخرى تعمل باسم الحكومة العربية السورية ومن السلطات المختصة أن تسبح خفي هذا الحق بحسب المرسوم وأن تقدم له كل ما يحتاج إليه من مساعدة ومخاطبة.

Officials of the Syrian Arab Republic and the plenipotentiary and consular representatives and any other authority acting on behalf of the Syrian Arab Republic shall be authorized to issue visas and to stamp the passport holder's passport together with the relevant foreign authorities of the country of origin. The passport holder may pass freely and independently to the country of destination if he has the necessary documents.

Les fonctionnaires du Gouvernement de la République pour le Soudan, les représentants à l'étranger et toute autre autorité agissant pour le Gouvernement Arabe Syrien ainsi que les autres personnes compétentes sont tenus de laisser librement passer le titulaire de ce passeport et de lui accorder toute aide et protection dont il peut avoir besoin.

Directeur du Département
 de l'Immigration et des
 Passeports
 ou le Consul Général

Director of Department
 of Immigration and
 Passports
 or the General Consul

المندوب العام
 أو المدير العام
 للهجرة والمهاجرين
 والمغربيين



PASSPORT
PASSEPORT جواز سفر



SYRIAN ARAB REPUBLIC
RÉPUBLIQUE ARABE SYRIENNE

Type/Type/الرمز P Country code/Code du pays/رمز البلد SYR

Issue no./N° délivrance: 001-07-0008580

Given Name/Prénom: **RIM**

Surname/Nom: **ALKURDI**

Father Name/Nom du père: **KHIRALLA**

Mother Name/Nom de la mère: **HADIA**

Birth Date/Date de naissance: 30/03/1970

Birth Place/Lieu de naissance: ALEPPO

Sex/Sexe: F

PNSYRALKURDI<<RIM<<<<<<<<<<<<<<<<<<<<<<<<<<<<
0029463646SYR7003309F1309191<<<<<<<<<<<<<<<04

الجمهورية العربية السورية

رقم الإصدار :

الاسم: ربيع

الفصلية: الذكر

اسم الأب: خير الله

اسم الأم: هديّة

تاريخ الولاية:

مكان الولادة: حلب

أفجس

Date of issue/Date de délivrance: 20/09/2007

Place of issue/Lieu de délivrance: **Immigration Department**

Expiry date/Date d'expiration: 19/09/2013

National number/Numéro national:

Occupation/Profession: DOCTOR

• تاریخ الاصدار:

*** مكان الاصدار: ادارة الهجرة

• • • تاريخ افتهاام الصلاحية:

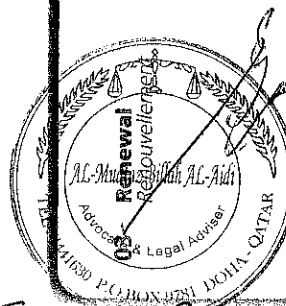
الرقم الوطني:

... المهنة: طليعية

التوقيع:

Signature/Signature:

التحليل



TRUE COPY

14 APR 2012

Fand Bagh POA
5335 Falingbrook Drive
Miss. Ont L5V 1P6