

التجديدات
RENEWALS


توقيع صاحب الجواز
SIGNATURE OF HOLDER



جواز سفر
Passport

Type / النوع
P

Country Code / رمز الدولة
JOR

Passport No. / رقم جواز السفر
T691967

Name / الاسم
QSAMA NAJI MUSTAFA SABHA

اسمته ناجي مصطفى صبحه

Date of Birth / تاريخ الميلاد
24 DEC / كانون اويل 1963

Place of Birth / مكان الميلاد

NABLUS / نابلس

Sex / الجنس
M / ذكر

Member's Name / اسم المقيم
RUSHDEH / رشده

Date of Issue / تاريخ الاصدار
03 FEB / شباط 2011

Authority / سلطة الاصدار
AMMAN / عمان

Date of Expiry / تاريخ انتهاء
02 FEB / شباط 2016

Address / العنوان
NABLUS / نابلس

Non Machine Readable

غير مقروء اليا

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جواز سفر
Passport

نوع / Type
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رمز الدولة / Country Code
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رقم الجواز / Passport No.
T691967

الاسم / Name
OSAMA NAJI MUSTAFA SABHA

الاسم تاجي مصطفى صبحه



تاريخ الميلاد / Date of Birth
24 DEC / كانون اول 1963

مكان الميلاد / Place of Birth
NABLUS نابلس

الجنس / Sex
M ذكر

اسم الأم / Mother's Name
RUSHDEH رشديه

تاريخ الصلاحه / Date of Issue
03 FEB / شباط 2011

سلطة إصدار / Authority
AMMAN عمان

تاريخ انتهاء الصلاحه / Date of Expiry
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عنوان / Address
NABLUS نابلس

Non Machine Readable

غير مقروء آليا

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 #: **3001** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 09, 2012**

Sales Representative:

Verification of Individual

- | | |
|---|-------------------------------|
| 1. Full Legal Name of Individual: | OSAMA NAJI SABHA |
| 2. Address: | SHMEISAI,
AMMAN, , |
| 3. Date of Birth: | December 24, 1963 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>T691967</u> |
| 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: | _____ |