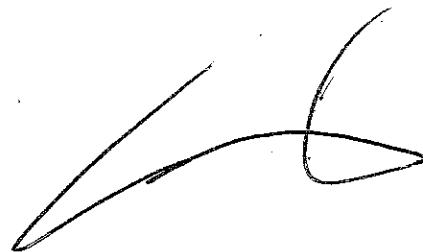


Ontario Driver's Licence Permis de conduire ON CANADA

NAME/NOM: MOHAMMED FIRAS
ADDRESS/ADRESSE: 903-330 BURNHAMTHORPE RD
MISSISSAUGA, ON, L5B 0E1
NUMBER/NUMERO: M4603-56038-10928
EXPIRATION DATE/DATE D'EXPIRATION: 2014/10/26
ISSUANCE DATE/DATE D'EMISSIION: 2015/07/26
SEX/SEX: M
HEIGHT/Hauteur: 166 cm
WEIGHT/Poids: 108 kg
EYES/OEILS: BRN
HAIR/CHEVEUX: BRN
SCAR/SCAR: NONE
DOB/DATE DE NAISSANCE: 1981/09/23
IDENTIFICATION NUMBER/NUMERO D'IDENTIFICATION: 1285798

Recd June 26, 2012





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 #: **3304** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 26, 2012**

Sales Representative: **REENA**

Verification of Individual

1. Full Legal Name of Individual: **MOHAMMED FIRAS MIRIE**
2. Address: **330 BURNHAMTHORPE RD.Apt 903,
MISSISSAUGA, ONTARIO, L5B 0E1**
3. Date of Birth: **September 28, 1981**
4. Principal Business or Occupation: Trading Company.
5. Identification Document (must see original): Dr - Lic
6. Document Identification Number: **M4603-56038-10928**
7. Issuing Jurisdiction: P.R.V. ON
8. Document Expiry Date (must not be expired): July 26, 2015

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: _____