

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 #: **4109** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 28, 2012**

Sales Representative: **ALEN V**

Verification of Individual

- | | |
|-------------------------------------------------|--------------------------------------------------------------------------|
| 1. Full Legal Name of Individual: | ALMRSTANI AMMAR |
| 2. Address: | 3888 DUKE OF YORK BLVD Apt 734,
MISSISSAUGA, ONTARIO, L5B 4P5 |
| 3. Date of Birth: | June 08, 1966 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>A54910390660608</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: | _____ |

Temporary Driver's Licence Permis de conduire temporaire

OR Class M 1 Licence - Province of Ontario
 OU de catégorie M 1 - Province de l'Ontario

Effective Date
 Date d'entrée en vigueur

2012/06/19

Driver's Licence No. N° du permis de conduire	Class Cat.	Cond. Rest.	End. Aut.	Height Taille	Sex Sexe	Date of Birth Date de naissance	Date of Expiry Date d'expiration
A5491-03906-60608	G**	X**	**	CM 172	M/H	1966/06/08	2012/09/17

ALMRSTANI, AMMAR
 3888 DUKE OF YORK BLVD. UNIT 34
 MISSISSAUGA
 L5B 4P5

Valid without a photo card.
 Valide sans la carte-photo.

X Corrective Lenses / Verres correcteurs



Licensee's Signature / Signature du titulaire

This licence must be signed in ink and carried by the driver.
 Le conducteur doit signer le permis à l'encre et le porter sur lui.

R-1-D-053 2009/06

Off. No. N77	Op. No. B ON	Issue Date 2012/06/19	Serial No. 57276080
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Minister of Transportation
 Ministre des Transports

Name/Nom

ALMRSTANI
AMMAR

Sex/
Nationalité/ Sexe

M SYR 08 JUN / JUN 1966

ID No/No ID 5135-7852 19 JUN / JUN 2012

Canada

