

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 #: **1001** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 10, 2012**

Sales Representative: **REENA**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | RIFFET REHANA MALIK |
| 2. Address: | 10 PARK TRAIL,
MIDHURST, , L0L 1X1 |
| 3. Date of Birth: | August 14, 1949 |
| 4. Principal Business or Occupation: | <u>Physician</u> |
| 5. Identification Document (must see original): | <u>Dr. Li</u> |
| 6. Document Identification Number: | <u>M0279-65774-95814</u> |
| 7. Issuing Jurisdiction: | <u>Prac- ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>Sept 5, 2012</u> |

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: | _____ |

Ontario Driver's Licence
Permis de conduire

NUMBER / NUMERO
M0279-65774-95814

**MALIK,
RIFFET, REHANA**
10 PARK TRAIL,
MIDHURST, ON
L0L 1X1

CLASS / CATEGORIE
G

COND. / REST.

END. / AUT.

DATE OF BIRTH / DATE DE NAISS.
1990 • 08 • 14

SEX / SEXE
F

HT / TAILLE
164

5283358 CANADA

Rec'd June 10/12

[Signature]

ISSUED / ENTRÉE EN VIGUEUR
2007 • 09 • 06
VR / AN MO / SE DAY / 2

END. / AUT.
COND. / REST.

CLASS / CATÉGORIE
Automobile/combi. (max. 11 000 kg).
towed vehicle (max. 4600 kg)
Automobiles/ensembles de véhicules
(11 000 kg max.), véhicule remorqué
ne dépassant pas 4 600 kg

EXPIRES / DATE D'EXPIRATION
2012 • 09 • 05
VR / AN MO / SE DAY / 2

P1546901

Riffet B. Malik
Licensee's Signature / Signature du titulaire

