

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 #: **2901** Phase/Tower: **TWO** Plan No.:

Street: in the of

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

Sales Representative: **RICHMOND**

Verification of Individual

1. Full Legal Name of Individual: **MAHMOOD ALAHMAD**
2. Address: **5399 TREE CREST CRT,
MISSISSAUGA, ONTARIO, L5R 3Z6**
3. Date of Birth: **August 25, 1967**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **A5038-51006-70825**
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: _____



Government
of Canada

Gouvernement
du Canada

SOCIAL NUMÉRO
INSURANCE D'ASSURANCE
NUMBER SOCIALE

563 168 228

MAHMOOD ALAHMAD

Ontario DRIVER'S LICENCE ON CANADA
Permis de conduire

1.3 NAME / NOM
ALAHMAD, MAHMOOD

2. ADDRESS / ADRESSE
5399 TREE CREST CRT
MISSISSAUGA, ON, L5R 3Z8

4. NUMBER / NUMÉRO
A5038 - 51006 - 70825

4A. ISS/DEL. 2012/08/03 4B. EXP/EXP. 2017/08/02

5. DOB / REF. CJ2533343 16. HGT / HAUT. 175 cm

10. SEX / SEXE M

9. CLASS / CLASSE G1

12. REST / CORR. X

3. DOB / DATE 1967/08/25 *4250119*

1007 83 25