

To any visa or other entry regulations of countries to be visited).

Il est recommandé pour tous les pays, sauf indication contraire, d'appliquer les principes suivants :



PASSPORT

Signature or Dearer - Signature du titulaire)

Hobid Wragg

CATHA Dn

Type/Type

Issuing Country/Days émetteur

CAN

KHALIL

Given names/Prénoms

MOHAMMAD N

Nationality/Nationalité

Date of birth/Date de naissance

06
Allc

00 AUG /AOUT 76

[illegible]

AMAD

ANMAD1 KWT

UNIT / UNITÉ

04 MISCELLANEOUS 04 JUNE/JUIN

Date of expiration

4 JUNE/JUIN 09

~~John H. Howard~~

JE208148

33

[illegible]

Lire les avis en page 4 ainsi qu'en couverture et n° 1.
Ce passaport contient 24 pages.

See information on page 4 and back cover.
This passport contains 24 pages.

P<CANKHALIL<<MOHAMAD<N<<<<<<<<<<<<<<<<<<<<<<
JE208148<4CAN7608069MD906043<<<<<<<<<<<<<<<<06

OBSERVATIONS

CONTINUING POWER OF ATTORNEY FOR PROPERTY - (SHORT FORM)

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given
By MOHAMAD KHALIL of the City of MISSISSAUGA, ON, CANADA.

APPOINTMENT

1. **I APPOINT CHAZA KHALIL** of the City of Mississauga in the Province of Ontario to be my attorney for property, and I authorize my attorney to do, on my behalf, any and all acts, which I could do if capable, except make a will, subject to any conditions and restrictions contained herein. My attorney shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in any court proceeding.

SUBSTITUTION

2. If the above appointed attorney refuses to act, or is or are unable to act by reason of death, court removal, becoming incapacitated or resignation, **I SUBSTITUTE AND APPOINT NIMR KHALIL**, of City of Mississauga, in the Province of Ontario to act as my attorney(s) for my property, in the place of any attorney(s) appointed in paragraph 1 hereof. The substituted attorney(s) shall, if able and willing to act, thereafter be my attorney(s) for property and I authorize him, her or them thereafter to do, on my behalf, any and all acts which I could do, if capable, except make a will, subject to any conditions and restrictions contained herein.

CONTINUING POWER

3.
 - a) In accordance with section 7 of the *Substitute Decisions Act*, I declare that this power of attorney may be exercised during any subsequent legal incapacity on my part.
 - b) I declare that, after due consideration, I am satisfied that the authority conferred on the attorney named in this power of attorney is adequate to provide for the competent and effectual management of all my property in case I should become a patient in a psychiatric facility and be certified as not competent to manage my property under the *Mental Health Act*. I therefore direct that in that event, the attorney named in this power of attorney may retain this power of attorney for the management of my property in accordance with subsection 54(6) of the *Mental Health Act* and in that case the Public Trustee shall not become committee of my property as would otherwise be the case under subsection 54(5) of the *Mental Health Act*.
 - c) It is my intention and I so authorize my attorney that this authority shall be exercised during any incapacity on my part to manage my property, pursuant to sections 7 and 14 of the *Substitute Decisions Act*.

FAMILY LAW ACT CONSENT

4. If my spouse disposes of or encumbers any interest in a matrimonial home in which I have a right to possession under Part II of the *Family Law Act*, I authorize the attorney named in this power of attorney for me and in my name to consent to the transaction as provided for in clause 21(1)(a) of the said Act.

CONDITIONS AND RESTRICTIONS

5. This Continuing Power of Attorney for Property is only to be used for any and all dealings with the property at Park Side Village - Tower Two, Suite 2206, Unit , Level 21
 , Floor Plan Rush.

EFFECTIVE DATE

6. This continuing power of attorney for property comes into effect as of the date of execution set out below.

REVOCATION

7. Any prior power of attorney for property or any power of attorney which affects my property given by me, except a power of attorney given to a bank or financial institution for the purpose of transacting my business with that bank or financial institution, is hereby revoked.

COMPENSATION

8. I authorize my attorney and my attorney has agreed to accept [NO] compensation for any work done by him pursuant to this power of attorney for property.

Executed at the City of Miss, Ont, this 25 day of June 2012, in the presence of both witnesses, each present at the same time.

CHAZA K
 Witness

chaza khali
 Print name and address

Miss, Ont

[Signature]
 Witness

Nimr Khalil
 Print name and address

Miss, Ont

[Signature]
 MOHAMAD KHALIL

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 #: **2206** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **June 25, 2012**

Sales Representative: **ALEN V.**

Verification of Individual

1. Full Legal Name of Individual: **MOHAMAD KHALIL**
2. Address: **33 FAIRVIEW RD. W.,
MISSISSAUGA, ONTARIO, L5B 1K7**
3. Date of Birth: **August 06, 1976**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **JE208148**
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: _____