

**INDIVIDUAL IDENTIFICATION INFORMATION RECORD**  
**Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.***

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **208**      Phase/Tower: **ONE**      Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **December 20, 2012**

Sales Representative: **ALEN V.**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>RASHA SHAWAN M. ALSHIBANI</b>                                      |
| 2. Address:                                     | <b>4080 LIVING ARTS DR.Apt 615,<br/>MISSISSAUGA, ONTARIO, L5B 4N3</b> |
| 3. Date of Birth:                               | <b>May 24, 1984</b>   |
| 4. Principal Business or Occupation:            | _____   |
| 5. Identification Document (must see original): | _____   |
| 6. Document Identification Number:              | <b><u>A5603-64288-45524</u></b>                                       |
| 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.

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**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.

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|---|-------|
| 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

ON  
CANADA

1,2 NAME/NOM

ALSHIBANI,  
RASHA, SHAWAN M.  
8 615-4080 LIVINGS ARTS DR  
MISSISSAUGA, ON, L5B 4N3

4d NUMBER/  
NUMERO

A5603 - 64288 - 45524

4a ISS/ DÉL.

2012/08/29

4b EXP/ EXP. 2017/08/28

5 DD/ RÉF.

CJ5524548

16 HGT/HAUT. 165 cm

15 SEX/ SEXE

F

9 CLASS/  
CATÉG.

G1

12 REST/  
COND.

X

3 DOB/DBN

1984/05/24

\*4562294\*



*Rasha*

