

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 #: **3205** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **January 05, 2013**

Sales Representative: **ALEN V.**

Verification of Individual

1. Full Legal Name of Individual: **HUSAM S. HAMDAN**
2. Address: **6540 FALCONER DR.Apt 29,
MISSISSAUGA, ONTARIO, L5N 1M1**
3. Date of Birth: **November 03, 1967**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **H0346-35186-71103**
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: _____

Ontario
Driver's License
Permis de conduire

ON
CANADA

1. NAME (NOM)
HAMDAN,
HUSAM S

2. RESIDENCE (RESIDENCE)
1 6540 FALCONER DR UN29
MISSISSAUGA, ON, L5N 1M1

3. DATE OF BIRTH (DATE DE NAISSANCE)
2010/04/01

4. SEX (SEXE)
M

5. HEIGHT (HAUTEUR)
175 CM

6. EYES (YEUX)
G

7. HAIR (CHEVEUX)
B

8. SKIN (PEAU)
F

9. BUILD (BÂTIMENT)
M

10. SPECIALTY (SPECIALITE)
H0346-35186-71103
1967/11/03

11. SIGNATURE (SIGNATURE)
[Signature]

12. EXPIRATION DATE (DATE D'EXPIRATION)
2015/11/03

13. IDENTIFICATION NUMBER (NUMERO D'IDENTIFICATION)
H0346 - 35186 - 71103

14. PHOTO (PHOTO)
[Photo]

15. SECURITY CODE (CODE DE SECURITE)
49892607

16. DATE OF ISSUE (DATE DE DELIVRANCE)
1967/11/03