

Ontario

Driver's Licence  
Permis de conduire

ON  
CANADA

1.2 NAME / NOM  
YASEEN,  
SOHAIL

3.117 HIRAM TERR  
OAKVILLE, ON, L6M 0P7

4.4 NUMBER /  
NUMERO  
Y0731 - 71707 - 40426

4.4 ISS/DEL  
2012/08/24

5.001 REF  
CJ8467413

14 SEX / SEXE  
M

9 CLASS /  
CATEG  
G

12 REST /  
COND  
4526194

6. EXP / EXP  
2017/03/05

18 HGT / HAUT  
168 cm

0731 71707 40426  
19740426

3. DOB / DATE  
1974/04/26

7. SIGNATURE /  
SIGNATURE  


8. PHOTO /  
PHOTO  


AC 3372140

[illegible]

**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 #: **3704**    Phase/Tower: **TWO**    Plan No.:

Street: in the of

Date of Offer: **May 01, 2013**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>MOHAMMAD SHOAIB</b>                                 |
| 2. Address:                                     | <b>3117 HIRAM TERR,<br/>OAKVILLE, ONTARIO, L6M 0P7</b> |
| 3. Date of Birth:                               | <b>January 01, 1949</b>                                |
| 4. Principal Business or Occupation:            | _____  |
| 5. Identification Document (must see original): | _____  |
| 6. Document Identification Number:              | <b><u>AB6234051 (PASSPORT)</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.

- |   |       |
|---|-------|
| 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:                               | _____ |