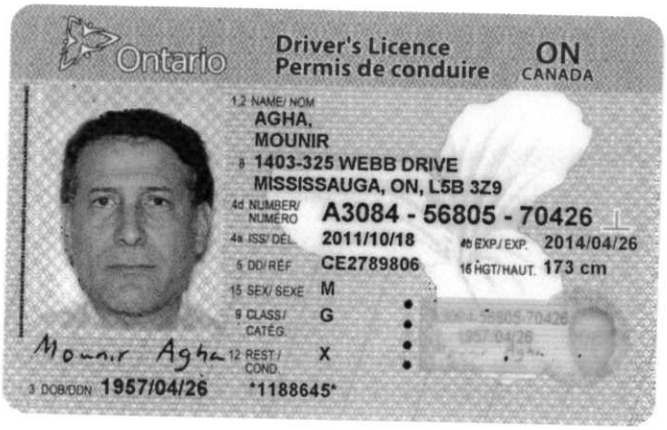
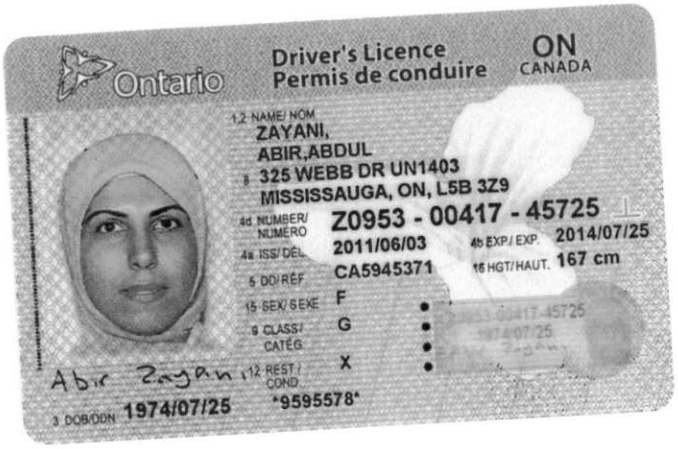
Feb 25 2012
Suite 1607 Fauad Dib


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
AGHA,
MOUNIR
8 1403-325 WEBB DRIVE
MISSISSAUGA, ON, L5B 3Z9
4d NUMBER/ NUMÉRO A3084 - 56805 - 70426
4a ISS/ DÉL 2011/10/18
4b EXP/ EXP. 2014/04/26
5 DD/ RÉF CE2789806
16 HGT/ HAUT. 173 cm
15 SEX/ SEXE M
9 CLASS/ CATÉG. G
12 REST/ COND. X
Mounir Agha
3 DOB/DDN 1957/04/26
1188645


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
ZAYANI,
ABIR,ABDUL
8 325 WEBB DR UN1403
MISSISSAUGA, ON, L5B 3Z9
4d NUMBER/ NUMÉRO Z0953 - 00417 - 45725
4a ISS/ DÉL 2011/06/03
4b EXP/ EXP. 2014/07/25
5 DD/ RÉF CA5945371
16 HGT/ HAUT. 167 cm
15 SEX/ SEXE F
9 CLASS/ CATÉG. G
12 REST/ COND. X
Abir Zayani
3 DOB/DDN 1974/07/25
9595578

Feb 25 2012
Suite 1607
Fouad Dib

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 #: **1607** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

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

Sales Representative:

Verification of Individual

1. Full Legal Name of Individual: **ABIR ABDUL ZAYANI**
2. Address: **325 WEBB DRIVEApt 1403, MISSISSAUGA, ONTARIO, L5B 3Z9**
3. Date of Birth: **July 25, 1974**
4. Principal Business or Occupation: Secretary
5. Identification Document (must see original): _____
6. Document Identification Number: **Z09530041745725**
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: _____

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

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

Lot/Suite #: **1607** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

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

Sales Representative:

Verification of Individual

1. Full Legal Name of Individual: **MOUNIR AGHA**
2. Address: **325 WEBB DRIVEApt 1403, MISSISSAUGA, ONTARIO, L5B 3Z9**
3. Date of Birth: **April 26, 1957**
4. Principal Business or Occupation: Secretary Doctor
5. Identification Document (must see original): _____
6. Document Identification Number: **Z09530041745725**
7. Issuing Jurisdiction: _____
8. Document Expiry Date (must not be expired): _____

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