

**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 #: **TH15** Phase/Tower: **Townhomes** Plan No.:

Street: **4 - 4070 Parkside Village Drive** in the City of **Mississauga**

Date of Offer: **June 23, 2014**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

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|-------------------------------------------------|----------------------------------------------------------------|
| 1. Full Legal Name of Individual:               | <b>CHARBEL BOULOS</b>                                          |
| 2. Address:                                     | <b>1785 CONVINGTON TERR,<br/>MISSISSAUGA, ONTARIO, L5M 3M3</b> |
| 3. Date of Birth:                               | <b>December 15, 1965</b>                                       |
| 4. Principal Business or Occupation:            | <u>Sales Mgr</u>                                               |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                        |
| 6. Document Identification Number:              | <b><u>B6804-12006-51215</u></b>                                |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>                                                 |
| 8. Document Expiry Date (must not be expired):  | <u>December 15, 2017</u>                                       |

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:                               | _____ |