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 #: **2121** Phase/Tower: **9 South** Plan No.:

Street: **4055-4085 Parkside Village Drive** in the **City** of **Mississauga**

Date of Offer: **April 18, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **RANA LEWIS**
2. Address: **2253 HATFIELD DR, OAKVILLE, ONTARIO, L6M 0H7**
3. Date of Birth: **June 09, 1969**
4. Principal Business or Occupation: HOUSEWIFE
5. Identification Document (must see original): DRIVERS' LICENCE
6. Document Identification Number: **L2960-64006-95609**
7. Issuing Jurisdiction: ONTARIO
8. Document Expiry Date (must not be expired): 2016/06/09

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

Lot/Suite #: **2121** Phase/Tower: **9 South** Plan No.:

Street: **4055-4085 Parkside Village Drive** in the **City** of **Mississauga**

Date of Offer: **April 18, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **HADIL LEWIS**
2. Address: **2253 HATFIELD DR, OAKVILLE, ONTARIO, L6M 0H7**
3. Date of Birth: **October 12, 1971**
4. Principal Business or Occupation: SECRETARY
5. Identification Document (must see original): DRIVERS LICENCE
6. Document Identification Number: **L2960-31107-16012**
7. Issuing Jurisdiction: ONTARIO
8. Document Expiry Date (must not be expired): 2016/10/12

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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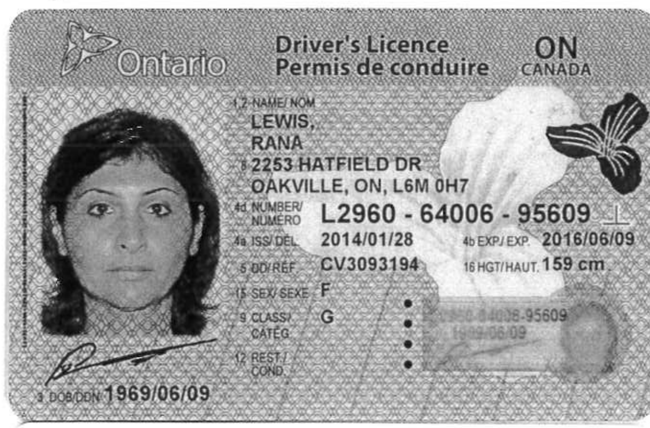
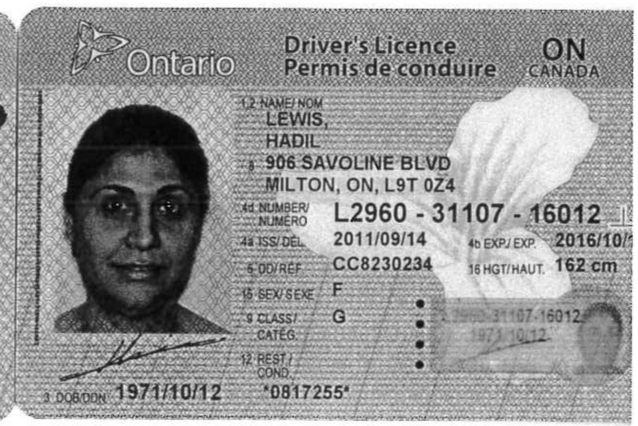
1. Name of third Party: _____
2. Address: _____
3. Date of Birth: _____
4. Principal Business or Occupation: _____
5. Incorporation number and place of issue (corporations/other entities only) _____
6. Relationship between third party and client: _____

Verified by
[signature]
April 18 - 2015

Bhashar / Khaled

Block Nine 2121
Parkside, Ltd
West


Ontario
Driver's Licence
Permis de conduire
ON CANADA
1,2 NAME/NOM LEWIS, RANA
8 2253 HATFIELD DR
OAKVILLE, ON, L6M 0H7
4d NUMBER/NUMÉRO L2960 - 64006 - 95609
4a ISS/DÉL. 2014/01/28
4b EXP./EXP. 2016/06/09
5 DD/RÉF CV3093194
16 HGT/HAUT. 159 cm
15 SEX/SEXE F
9 CLASS/CATÉG. G
12 REST/COND.
3 DOB/DDN 1969/06/09


Ontario
Driver's Licence
Permis de conduire
ON CANADA
1,2 NAME/NOM LEWIS, HADIL
8 906 SAVOLINE BLVD
MILTON, ON, L9T 0Z4
4d NUMBER/NUMÉRO L2960 - 31107 - 16012
4a ISS/DÉL. 2011/09/14
4b EXP./EXP. 2016/10/
5 DD/RÉF CC8230234
16 HGT/HAUT. 162 cm
15 SEX/SEXE F
9 CLASS/CATÉG. G
12 REST/COND.
3 DOB/DDN 1971/10/12
0817255

Human Resources Development Canada
Développement des ressources humaines Canada

SOCIAL INSURANCE NUMBER
NUMÉRO D'ASSURANCE SOCIALE

546 077 843

RANA LEWIS

Human Resources Development Canada
Développement des ressources humaines Canada

SOCIAL INSURANCE NUMBER
NUMÉRO D'ASSURANCE SOCIALE

531 570 091

HADIL LEWIS