

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 #: **2212** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **April 25, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | KHALED MOHAMED ELZAABALAWI |
| 2. Address: | 1246 SHERWOOD MILLS BLVD,
MISSISSAUGA, ONTARIO, L5V 1S7 |
| 3. Date of Birth: | September 26, 1963 |
| 4. Principal Business or Occupation: | <u>FINANCIAL CONTROLLER</u> |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u> |
| 6. Document Identification Number: | <u>E5697-43466-30926</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>09/26/2019</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.

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 Licence
Permis de conduire

ON
CANADA

1,2 NAME/ NOM

ELZAABALAWI,
KHALED, MOHAMED

8 1246 SHERWOOD MILLS BLVD
MISSISSAUGA, ON, L5V 1S7

4d NUMBER/
NUMÉRO

E5697 - 43466 - 30926

4a ISS/ DÉL.

2014/07/30

4b EXP/ EXP. 2019/09/

5 DD/ RÉF.

CZ2712694

16 HGT/ HAUT. 174 cm

15 SEX/ SEXE

M

9 CLASS/
CATÉG.

G

12 REST./
COND.



E5697 43466 30926
1963/09/26



Elzaabalawi
OB/DDN 1963/09/26