

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 #: **2602** Phase/Tower: **ONE** Plan No.:

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

Date of Offer: **March 03, 2012**

Sales Representative: **Ivana Cosic**

Verification of Individual

1. Full Legal Name of Individual: **Zeina Fawzi Chdid**
2. Address: **3997 SKYVIEW ST.,
MISSISSAUGA, ONTARIO, L5M 8A3**
3. Date of Birth: **November 12, 1977**
4. Principal Business or Occupation: House wife
5. Identification Document (must see original): _____
6. Document Identification Number: **C32757943776112**
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: _____



Ontario

Driver's Licence
Permis de conduire

ON
CANADA



DOB/DOE 1977/11/12

1,2 NAME/NOM
CHDID.
ZEINA,FAWZI
3 3997 SKYVIEW ST
MISSISSAUGA, ON, L5M 8A3

4,5 NUMBER/
NUMERO C3275 - 79437 - 76112 1

4,6 ISS/DEL 2011/10/07 4,6 EXP/EXP 2016/11/12

5 DOI REF CE0961147 16 HGT/HAUT. 158 cm

15 SEX/SEXE F

9 CLASS/
CATEG G

12 REST/
COND X

1081515

C3275 - 79437 - 76112
1977/11/12

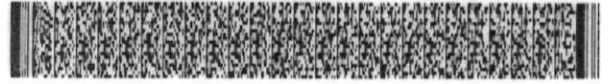
9 CLASS/ CATEGORIE

Automobile/combin. (max. 11 000 kg),
tous véhicules (max. 4600 kg)
Automobiles/ensembles de véhicules
(11 000 kg max.), véhicule remorqué
ne dépassant pas 4600 kg

12 RESTRICTIONS/ CONDITIONS

Corr. Lenses/Verrres corr.

CE0961147



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Date of Offer: **March 03, 2012**

Sales Representative: **Ivana Cosic**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | Fadi Fawzi Zahreddine |
| 2. Address: | 3997 SKYVIEW ST.,
MISSISSAUGA, ONTARIO, L5M 8A3 |
| 3. Date of Birth: | January 10, 1964 |
| 4. Principal Business or Occupation: | <u>Self employed</u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>Z01732583640110</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |


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- | | |
|---|-------|
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| 3. Date of Birth: | _____ |
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| 6. Relationship between third party and client: | _____ |

 **Ontario** **Driver's Licence** **Permis de conduire** **ON**
CANADA

1,2 NAME/ NOM
**ZAHREDDINE,
FADI, FAWZI**
3 **3997 SKYVIEW ST
MISSISSAUGA, ON, L5M 8A3**

4d NUMBER/
NUMERO **Z0173 - 25836 - 40110**

4a ISS/ DEL **2011/01/05** 4b EXP/ EXP. **2016/01/10**

5 DD/ REF **AX1639631** 16 HGT/ HAUT. **172 cm**

15 SEX/ SEXE **M**

9 CLASS/
CATEG. **G**

12 REST/
COND. **X**

1 DOB/ DDN **1964/01/10** *8069468*

Z0173-25836-40110
1964/01/10

2603