

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 #: **2607** Phase/Tower: **ONE** Plan No.:

Street: in the City of **Mississauga**

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

Sales Representative: **Ivana Cosic**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | SHERIF SORIAL |
| 2. Address: | 5933 HEMINGWAY RD, MISSISSAUGA, ONTARIO, L5M 5M1 |
| 3. Date of Birth: | March 22, 1964 |
| 4. Principal Business or Occupation: | <u>Dentist</u> |
| 5. Identification Document (must see original): | <u>Drivers License.</u> |
| 6. Document Identification Number: | <u>S65967070640322</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2013 / 63 / 22</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: | _____ |



Driver's Licence
permis de conduire

ON
CANADA

1,2 NAME / NOM

SERIAL

SHERIF

3358 LAKESHORE RD W

OAKVILLE, ON, L6L 6S6

42 NUMBER

NUMERO

44 ISS / DEL

1 DO / REF

16 SEX / SEXE

17 CLASS

CATEG.

12 REST /

COND.

1 DATE OF BIRTH / DATE DE NAISS

1964/03/22

S6596 - 70706 - 40322

2008/02/22

AA9729809

M

G

X

7005910

46 EXP / EXP

2013/03/22

18 HGT / HAUT

190 cm

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