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 #: **2705** Phase/Tower: **ONE** Plan No.:

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

Date of Offer: **February 26, 2012**

Sales Representative: **Ivana Cosic**

Verification of Individual

1. Full Legal Name of Individual: **GUIRGUIS MAGED ABDOU**
2. Address: **4270 TRAILMASTER DR, MISSISSAUGA, ONTARIO, L5V 3C1**
3. Date of Birth: **July 19, 1983**
4. Principal Business or Occupation: Pharmacist
5. Identification Document (must see original): _____
6. Document Identification Number: **A10173086830719**
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: _____

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Sales Representative: **Ivana Cosic**

Verification of Individual

1. Full Legal Name of Individual: **ABADIR NASR**
2. Address: **4270 TRAILMASTER DR, MISSISSAUGA, ONTARIO, L5V 3C1**
3. Date of Birth: **July 30, 1977**
4. Principal Business or Occupation: pharmacist
5. Identification Document (must see original): _____
6. Document Identification Number: **N07630016770730**
7. Issuing Jurisdiction: _____
8. Document Expiry Date (must not be expired): _____

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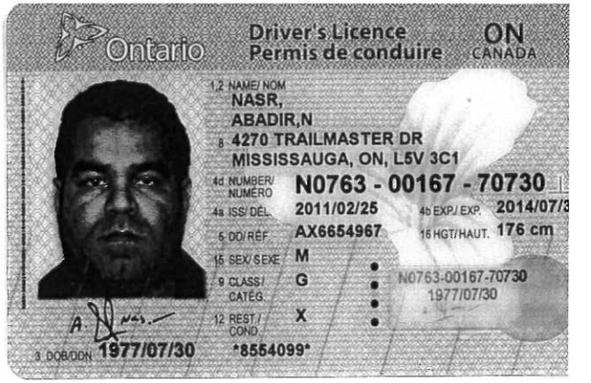
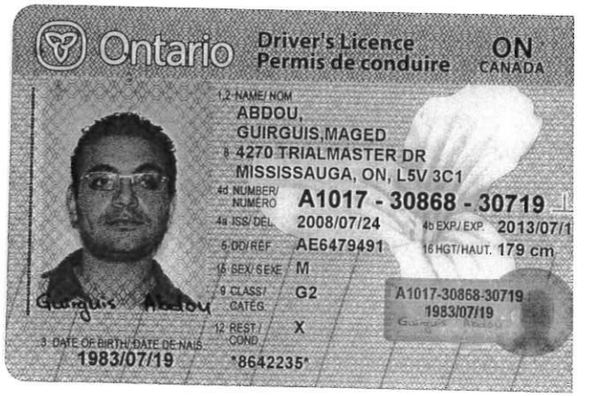
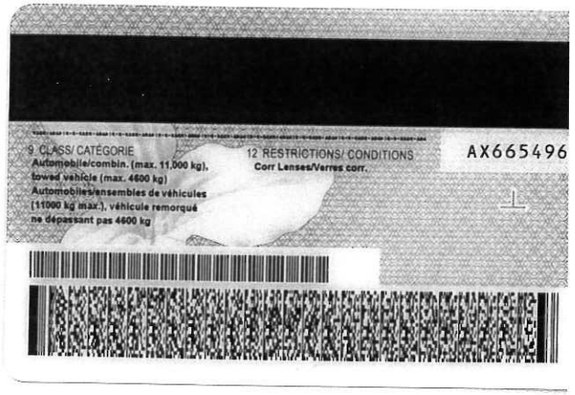

Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
NASR,
ABADIR,N
8 4270 TRAILMASTER DR
MISSISSAUGA, ON, L5V 3C1
4d NUMBER/ NUMÉRO N0763 - 00167 - 70730
4a ISS/ DÉL. 2011/02/25
4b EXP/ EXP. 2014/07/3
5 DD/ RÉF. AX6654967
16 HGT/ HAUT. 176 cm
15 SEX/ SEXE M
9 CLASS/ CATÉG. G
12 REST/ COND X
3 DOB/DDN 1977/07/30
8554099
N0763-00167-70730
1977/07/30


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
ABDOU,
GUIRGUIS,MAGED
8 4270 TRIALMASTER DR
MISSISSAUGA, ON, L5V 3C1
4d NUMBER/ NUMÉRO A1017 - 30868 - 30719
4a ISS/ DÉL. 2008/07/24
4b EXP/ EXP. 2013/07/1
5 DD/ RÉF. AE6479491
16 HGT/ HAUT. 179 cm
15 SEX/ SEXE M
9 CLASS/ CATÉG. G2
12 REST/ COND X
3 DATE OF BIRTH/ DATE DE NAIS. 1983/07/19
8642235
A1017-30868-30719
1983/07/19


9 CLASS/ CATÉGORIE
Automobile/combin. (max. 11,000 kg), towed vehicle (max. 4600 kg)
Automobiles/ensembles de véhicules (11000 kg max.), véhicule remorqué ne dépassant pas 4600 kg
12 RESTRICTIONS/ CONDITIONS
Corr Lenses/Verres corr.
AX665496


9 CLASS/ CATÉGORIE
Automobile/combin. (max. 11,000 kg), towed vehicle (max. 4600 kg), with G2 restriction – Auto./ens. véh. (11000 kg max.), véh. remorqué 4600 kg max. - restrict. niv. G2
12 RESTRICTIONS/ CONDITIONS
Corr Lenses/Verres corr.
AE647949