

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 #: **2805** Phase/Tower: **ONE** Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **February 27, 2012**

Sales Representative: **Brittney**

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: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>N0763-00167-70730</u> |
| 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

12 NAME / NOM
NASR,
ABADIRN

13 ADDRESS / ADRESSE
4270 TRAILMASTER DR
MISSISSAUGA, ON, L5V 3C1

14 NUMBER / NUMERO
N0763 - 00167 - 70730

15 ISS / DEL
2011/02/25

16 SEX / SEXE
M

17 CLASS / CLASSE
G

18 REST / RESTE
X

19 DOB / DATE
1977/07/30

20 EXPIRATION / EXPIRATION
2014/07/30

21 HEIGHT / HAUTEUR
176 cm

22 EYES / YEUX
N0763-00167-70730

23 HAIR / CHEVEUX
1977/07/30

24 SKIN / PEAU
8554099*

12 NAME / NOM
NASR,
ABADIRN

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4270 TRAILMASTER DR
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