

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 #: **4506** Phase/Tower: **ONE** Plan No.:

Street: in the **City of Mississauga**

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

Sales Representative:

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | GAMIL ZAKI YOUSSEF |
| 2. Address: | 330 BURNHAMTHORPE RD WApt 1605,
MISSISSAUGA, ONTARIO, L5B 0E1 |
| 3. Date of Birth: | August 29, 1946 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>Y68312729460829</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



Gamil Zaki

1,2 NAME/ NOM
YOUSSEF,
GAMIL ZAKI
3 4879 KIMBERMOUNT AVE UN909
MISSISSAUGA, ON, L6M 7R8
4d NUMBER/
NUMERO Y6831 - 27294 - 60829
4a ISS/ DEL 2011/02/25 4b EXP/ EXP 2014/08/29
5 DO/ REF AX6641343 16 HGT/ HAUT. 161 cm
15 SEX/ SEXE M
9 CLASS/
CATEG G
12 REST/
COND X
3 DOB/ DON 1946/08/29 *8558447*
Y6831-27294-60829
1946/08/29

9 CLASS/ CATEGORIE

Automobile/combin. (max. 11,000 kg).

Tractor vehicle (max. 4500 kg)

Automobiles/combinables de véhicules

(11000 kg max.), véhicules remorqués

ne dépassant pas 4500 kg

12 RESTRICTIONS/ CONDITIONS

Corr. Lenses/Verres corr.

AX664134

