## INDIVIDUAL IDENTIFICATION INFORMATION RECORD

Information required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

| Vendor: AMACON DEVELOPMENT (CITY CENTRE) CORP.  |   |   |  |
|---|---|---|--|
| Lo  | t/Suite #: <b>820</b> Phase/Tower: <b>9 South</b> Pla                         | n No.:  |  |
| Street: 4055-4085 Parkside Village Drive in the City of Mississauga   |   |   |  |
| Date of Offer: May 11, 2015   |   |   |  |
| Sales Representative: In2ition Realty   |   |   |  |
|   |   |   |  |
| Verification of Individual  |   |   |  |
| 1.  | Full Legal Name of Individual:  | ABDULSALAM M JABER  |  |
| 2.  | Address:  | 329 KINGSBRIDGE GARDEN CIRCLE,<br>MISSISSAUGA, ONTARIO, L5R 1K9 |  |
| 3.  | Date of Birth:  | September 08, 1965  |  |
| 4.  | Principal Business or Occupation:   | Engineer.   |  |
| 5.  | Identification Document (must see original):                                  | Engineer. Drivers Licence,                                      |  |
| 6.  | Document Identification Number:   | <u>J0010-00266-50908</u>  |  |
| 7.  | Issuing Jurisdiction:   | Onterio   |  |
| 8.  | Document Expiry Date (must not be expired):                                   | 2016/09/08  |  |
| 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.  | 5. Incorporation number and place of issue (corporations/other entities only) |   |  |
| 6.  | Relationship between third party and client:                                  |   |  |

Lot No./Suite:820 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE

## 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 #: 820 Phase/Tower: 9 South Plan No.:   |   |  |  |
| Street: 4055-4085 Parkside Village Drive in the City of Mississauga   |   |  |  |
| Date of Offer: May 11, 2015   |   |  |  |
| Sales Representative: In2ition Realty   |   |  |  |
|   |   |  |  |
| Verification of Individual  |   |  |  |
| 1. Full Legal Name of Individual:   | MUNA MUNEEB JAMOUS  |  |  |
| 2. Address:   | 329 KINGSBRIDGE GARDEN CIRCLE,<br>MISSISSAUGA, ONTARIO, L5R 1K9 |  |  |
| 3. Date of Birth:   | August 02, 1967   |  |  |
| 4. Principal Business or Occupation:  | IT beveloper.   |  |  |
| 5. Identification Document (must see original):   | IT Developer.<br>Driver's Licence.                              |  |  |
| 6. Document Identification Number:  | <u>J0366-56866-75802</u>  |  |  |
| 7. Issuing Jurisdiction:  | Ontario   |  |  |
| 8. Document Expiry Date (must not be expired):  | 2015/08/02.   |  |  |
| 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:   |   |  |  |

Lot No./Suite:820 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE



Rec'd by Anta May 11/15