

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 #: **2520** Phase/Tower: **9 South** Plan No.:

Street: **4055-4085 Parkside Village Drive** in the City of **Mississauga**

Date of Offer: **May 12, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | ALFRED SALIB |
| 2. Address: | 2487 CCONFEDERATION PARKWAY,
MISSISSAUGA, ONTARIO, L5B 1S1 |
| 3. Date of Birth: | October 10, 1954 |
| 4. Principal Business or Occupation: | <u><i>Businessman</i></u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>PASSPORT# GA341239</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: | _____ |

25th
2520
news
2395140

Signature of bearer - Signature du titulaire

[illegible]

434123

CANADA



Passport No./N° de passeport

CAN

GA341239

SAI TR

Given names/Prénoms

ALFRED

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

10 OCT / OCT 54

Sex/Sexe Place of birth/Lieu de naissance

M AMMAN JOR

Date of issue/Date de délivrance: _____

09 DEC / DEC 14

Date of expiry: Date d'expiration

09 DEC / DEC 24

Issuing Authority

[illegible]

1989