

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

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

Date of Offer: **September 17, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | MOHAMED T. MOHAMED |
| 2. Address: | 4280 HIGHGATE CRES,
MISSISSAUGA, ONTARIO, L4W 3H2 |
| 3. Date of Birth: | January 29, 1964 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>M6160-56086-40129</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: | _____ |

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

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

Date of Offer: **September 17, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | MUNA FAWZI HUMAIDA |
| 2. Address: | 4280 HIGHGATE CRES,
MISSISSAUGA, ONTARIO, L4W 3H2 |
| 3. Date of Birth: | September 29, 1971 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>H9237-56837-15929</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: | _____ |



Driver's Licence

Permis de conduire

ON

CANADA

12 NAME / NOM

HUNTAIDA

13 ADDRESS / ADRESSE

MISSISSAUGA, ON, L4W 3H2

14 NUMBER / NUMERO

H9237 - 56837

15 ISS / DEL

2015/08/04

16 DOB / REF

DG4735718

17 SEX / SEXE

F

18 CLASS /

G

19 REST /

COND

10 EXPIRATION DATE / DATE D'EXPIRATION

2016/10/11

11 HEIGHT / HAUT.

160 cm

12 LICENCE NUMBER / NUMERO DE LA LICENCE

H9237 56837 15929


13 EXPIRATION DATE / DATE D'EXPIRATION

1971/09/29

B95

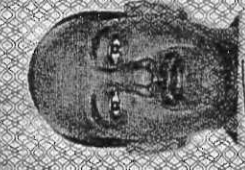
G28

Agent: Pat Ward
Re/Max Pro/Inc


Ontario

Driver's Licence
Permis de conduire

ON
CANADA



12 NAME / NOM
MOHAMED
13 ADDRESS / ADRESSE
4280 HIGHGATE CRES
14 NUMBER / NUMERO
MISSISSAUGA, ON, L4W 3H2
15 ISS DEL
2013/09/12
16 SEX / SEXE
M
17 DOB / DATE
1964/01/29
18 EXP / EXP.
2016/09/17
19 HGT / HAUT.
182 CM
20 CLASS / CATEG.
G
21 RESID / RES.
1964/01/29



22 LICENCE / PERMIS
M6160 - 56086 - 40129
23 ISS DEL
2013/09/12
24 EXP / EXP.
2016/09/17
25 HGT / HAUT.
182 CM
26 CLASS / CATEG.
G
27 RESID / RES.
1964/01/29

B9S

628 - \$388,400

5% - \$19,420