

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 #: **908** Phase/Tower: **2** Plan No.:

Street: **4070 Confederation Parkway, Mississauga, ON** Suite # in the City of **Mississauga**

Date of Offer: **October 04, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- 1. Full Legal Name of Individual: **HABIB AKBAR SHAH**
- 2. Address: **2859 DUNCAIRN DR,
MISSISSAUGA, ONTARIO, L5M 5V2**
- 3. Date of Birth: **August 30, 1971**
- 4. Principal Business or Occupation: SELF EMPLOYED / GRAPHIC DESIGN
- 5. Identification Document (must see original): DRIVER'S LICENCE
- 6. Document Identification Number: **S3142-31117-10830**
- 7. Issuing Jurisdiction: ONTARIO
- 8. Document Expiry Date (must not be expired): 03/30/2019


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 License
Permis de conduire


12 NAME / NOM
**SHAH,
HABIB,AKBAR**
13 ADDRESS / ADRESSE
**2859 DUNCAIRN DR.
MISSISSAUGA, ON, L5M 5V2**
14 LICENSE NUMBER / NUMERO DE PERMIS
S3142 - 31117 - 10830
15 ISS. DEL. / DATE D'EXPIRATION
2015/07/14
16 DOB / DATE DE NAISSANCE
1971/08/30
17 SEX / SEXE
M
18 CLASS / CATEG.
G1
19 HEIGHT / HAUTEUR
170 cm

Valid Driver's License Photo Only
Photo de permis de conduire
Valide de l'Ontario seulement

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Lot/Suite #: **908** Phase/Tower: **2** Plan No.:

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Date of Offer: **October 04, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | LUBNA MUJEEB |
| 2. Address: | 2859 DUNCAIRN DR,
MISSISSAUGA, ONTARIO, L5M 5V2 |
| 3. Date of Birth: | October 04, 1972 |
| 4. Principal Business or Occupation: | <u>TEACHER</u> |
| 5. Identification Document (must see original): | <u>DRIVER'S LICENCE</u> |
| 6. Document Identification Number: | <u>M9178-49007-26004</u> |
| 7. Issuing Jurisdiction: | <u>ONTARIO</u> |
| 8. Document Expiry Date (must not be expired): | <u>04/02/2019</u> |

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- | | |
|---|-------|
| 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



1.2 NAME/ NOM
MUJEEB,
LUBNA
1.3 2859 DUNCAIRN DR
MISSISSAUGA, ON, L5M 5V2

4d. NUMBER/
NUMERO M9178 - 49007 - 26004

4b. ISS/ DEL 2015/07/14

4c. EXP/ EXP 2019/04/02

5. DD/ REF DG2985427

16 HGT/ HAUT 163 cm

15. SEX/ SEXE F

9. CLASS/
CATÉG. G

172 49007 26004
1972 10/04

Lubna Mujeeb

9. DOB/ DON 1972/10/04

12. REST/
COND.

