

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 #: **1621** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **November 16, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | NADA S O FATHALLAH |
| 2. Address: | 3880 DUKE OF YORK BLVD Apt 1115,
MISSISSAUGA, ONTARIO, L5B 4M7 |
| 3. Date of Birth: | September 14, 1979 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>F0806-57687-95914</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: | _____ |

Nov 10, 15
RW

BNS #1621 (Parkade) \$313,500
Fred Dib / Refinix R-E Centre Inc

 **Ontario** **Driver's Licence** **Permis de conduire** **ON CANADA**



1,2 NAME/ NOM
FATHALLAH, NADA, S, O

8 **1115-3880 DUKE OF YORK BLVD**
MISSISSAUGA, ON, L5B 4M7

4d NUMBER/ NUMÉRO **F0806 - 57687 - 95914**

4a ISS/ DÉL. **2015/09/11** 4b EXP/ EXP. **2017/09/14**


5 DD/ RÉF. **DG9796851** 16 HGT/ HAUT. **173 cm**

15 SEX/ SEXE **F**

9 CLASS/ CATÉG. **G**

12 REST/ COND.

3 DOB/ ODN **1979/09/14**

 **Government of Canada** **Gouvernement du Canada**

SOCIAL INSURANCE NUMBER **NUMÉRO D'ASSURANCE SOCIALE**

565 331 907

NADA S O FATHALLAH