# 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 #: **1714** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **October 18, 2015**

Sales Representative: **In2ition Realty**

## Verification of Individual

1. Full Legal Name of Individual: **SYED SHAUKAT ALI**
2. Address: **793 QUILL CREEK DRIVE, TROY, MICHIGAN, ~~L5P 1C8~~** 48085
3. Date of Birth: **June 26, 1939**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **PASSPORT# 457266927**
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 #: **1714** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **October 18, 2015**

Sales Representative: **In2ition Realty**

## Verification of Individual

1. Full Legal Name of Individual: **SHIRIN SHAUKAT ALI**
2. Address: **793 QUILL CREEK DRIVE, TROY, MICHIGAN, ~~L5P 1C8~~ 48085**
3. Date of Birth: **July 28, 1948**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **PASSPORT# 462117502**
7. Issuing Jurisdiction: _____
8. Document Expiry Date (must not be expired): _____

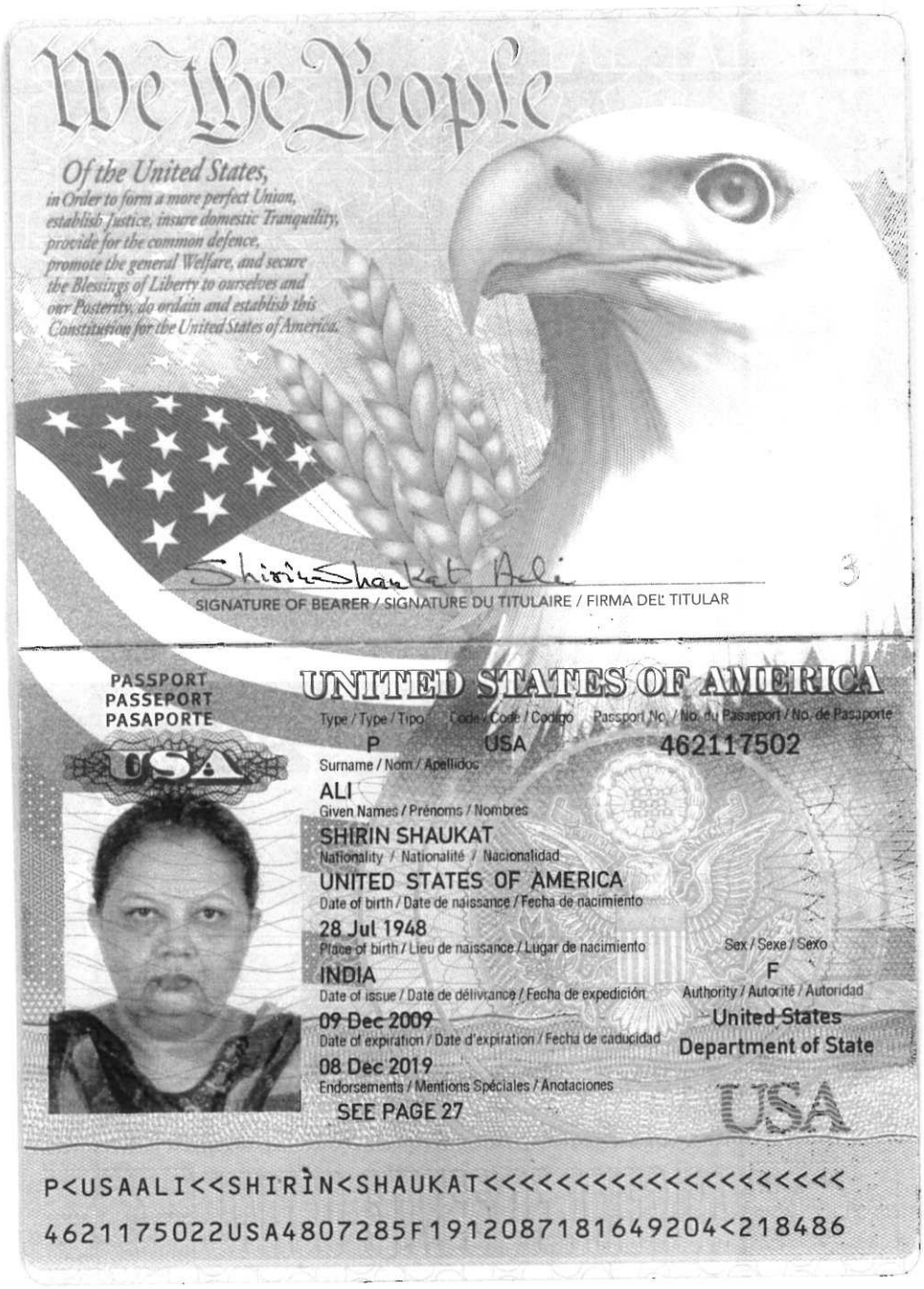
NOTE: This section must be completed for each purchaser. If the individual refuses to provide information must make a record of same detailing what efforts were made to get such information.

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: _____


We the People
Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.
Shirin Shaukat Ali
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
462117502
Surname / Nom / Apellidos
ALI
Given Names / Prénoms / Nombres
SHIRIN SHAUKAT
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
28 Jul 1948
Place of birth / Lieu de naissance / Lugar de nacimiento
INDIA
Sex / Sexe / Sexo
F
Date of issue / Date de délivrance / Fecha de expedición
09 Dec 2009
Authority / Autorité / Autoridad
United States Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
08 Dec 2019
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USAALI<<SHIRIN<SHAUKAT<<<<<<<<<<<<<<<<<<<<
4621175022USA4807285F1912087181649204<218486


We the People
Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
457266927
Surname / Nom / Apellidos
ALI
Given Names / Prénoms / Nombres
SYED SHAUKAT
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
26 Jun 1939
Place of birth / Lieu de naissance / Lugar de nacimiento
INDIA
Sex / Sexe / Sexo
M
Date of issue / Date de délivrance / Fecha de expedición
27 Jan 2010
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
26 Jan 2020
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USAALI<<SYED<SHAUKAT<<<<<<<<<<<<<<<<<<<<<<
4572669274USA3906262M2001263560171495<165806

# *CONTINUING POWER OF ATTORNEYFOR PROPERTY (SHORT FORM)*

**THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY** is given

by Syed Shaukat Ali and Shirin Shaukat Ali
[Grantor]

of the City of Troy, in the ~~Province of Ontario~~ State of Michigan, USA

***APPOINTMENT***

1. **I APPOINT** my brother, Syed Shahid Ali

to be my attorney(s) for property, and I authorize my attorney(s) to do, on my behalf, any and all acts, which I could do if capable, except make a will, subject to any conditions and restrictions contained herein. My attorney(s) shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in any court proceeding. All decisions to be made by my attorneys pursuant to this Power of Attorney shall be made by majority vote as between them.

***SUBSTITUTION***

2. If the above appointed attorney(s) refuse(s) to act, or is or are unable to act by reason of death, court removal, becoming incapable of managing property or resignation,

**I SUBSTITUTE AND APPOINT** my n/a, n/a

to act as my attorney(s) for my property, in the place of any attorney(s) appointed in paragraph 1 hereof who refuse(s) or is or are unable to act. The substituted attorney(s) shall, if able and willing to act, thereafter be my attorney(s) for property, together with any attorney appointed in paragraph 1 hereof who is able and willing to act and I authorize him, her or them thereafter to do, on my behalf, any and all acts which I could do, if capable, except make a will, subject to any conditions and restrictions contained herein. All decisions to be made by my substitute attorneys pursuant to this Power of Attorney shall be made by majority vote as between them.

### *CONTINUING POWER*

3. This is a continuing power of attorney. It is my intention and I so authorize my attorney(s) that the authority given in this continuing power of attorney may be exercised during any incapacity on my part to manage my property, pursuant to section 7 of the *Substitute Decisions Act*.

### *FAMILY LAW ACT CONSENT*

4. If my spouse disposes of or encumbers any interest in a matrimonial home in which I have a right to possession under Part II of the *Family Law Act*, I authorize the attorney(s) named in this power of attorney for me and in my name to consent to the transaction as provided for in clause 21(1)(a) of the said Act.

### *CONDITIONS AND RESTRICTIONS*

5. None.

-or-

6. This power of attorney is limited to making decisions, taking actions and executing any documents as may be necessary with respect to the property located at 4055-4085 Parkside Village Dr. SUITE 1714 Mississauga ON

### *EFFECTIVE DATE*

7. This continuing power of attorney for property comes into effect upon the date hereof.

### *REVOCATION*

8. Any prior power of attorney for property or any power of attorney which affects my property given by me, except a power of attorney given to a bank or financial institution for the purpose of transacting my business with that bank or financial institution, is hereby revoked.

***COMPENSATION***

**9.** I authorize my attorney(s) and my attorney(s) has or have agreed to accept no compensation for any work done by him, her or them pursuant to this power of attorney for property.

Executed at ~~Toronto~~ Mississauga this 18th day of October, 2015 in the presence of both witnesses, each present at the same time.

Witness #1

Address:

Witness #2

Address:

Grantor

Shahid
18/Oct/15