

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 #: **1718** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **August 19, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | NABIL AL-BATAL |
| 2. Address: | 1239 MCBRIDE AVE,
MISSISSAUGA, ONTARIO, L5C 1N1 |
| 3. Date of Birth: | August 13, 1951 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>A5164-57605-10813</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: | _____ |

	Human Resources Development Canada	Développement des ressources humaines Canada
SOCIAL INSURANCE NUMBER		NUMÉRO D'ASSURANCE SOCIALE
512 544 503		
NABIL AL-BATAL		
		
SIGNATURE		

	Government of Canada	Gouvernement du Canada						
NABIL AL-BATAL								
								
<table><tr><td>DOB</td><td>SEX</td><td>HEIGHT</td></tr><tr><td>1951-08-13</td><td>M</td><td>175</td></tr></table>			DOB	SEX	HEIGHT	1951-08-13	M	175
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1951-08-13	M	175						
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YEAR	EYES/YEUX							
1999	BLACK							
7155352								

	Driver's Licence Permis de conduire	ON CANADA
		
NABIL AL-BATAL		
88 PONTAIL CRES NORTH YORK, ON, M3A 2Y7		
A5164 - 57605 - 10813		
2012/07/30		
CJ1821678		
2017/08/13		
170 cm		
1951/08/13		
4784845		