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 #: 312 Phase/Tower: ONE Plan No.: | | |
| Street: in the City of Mississauga | | |
| Date of Offer: June 21, 2015 | | |
| Sales Representative: In2ition Realty | | |
| | | |
| Verification of Individual | | |
| 1. Full Legal Name of Individual: | SHAHNAWAZ SU | JLTAN ALI |
| 2. Address: | 5559 MEADOWC MISSISSAUGA, | CREST AVE, ONTARIO, L5M 0V1 |
| 3. Date of Birth: | March 10, 1970 | |
| 4. Principal Business or Occupation: | Real Esta | te agent. |
| 5. Identification Document (must see original): | Driver's L | cence. |
| 6. Document Identification Number: | A5335-70387-0031 | <u>.0</u> |
| 7. Issuing Jurisdiction: | Ont. | |
| 8. Document Expiry Date (must not be expired): | 2016/03/ | 0 |
| 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: | | |
| | | |
| | | |

Lot No./Suite:312 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE



INDIVIDUAL IDENTIFICATION INFORMATION RECORD

Information required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

| Vendor: AMACON DEVELOPMENT (CITY CE | NTRE) CORP. | |
|---|--|--|
| Lot/Suite #: 312 Phase/Tower: ONE Plan N | o.: | |
| Street: in the City of Mississauga | | |
| Date of Offer: June 21, 2015 | | |
| Sales Representative: In2ition Realty | | |
| | | |
| Verification of Individual | | |
| 1. Full Legal Name of Individual: | SYED SAEED AHMED | |
| 2. Address: | 5559 MEADOWCREST AVE, MISSISSAUGA, ONTARIO, L5M 0V1 | |
| 3. Date of Birth: | July 01, 1952 | |
| 4. Principal Business or Occupation: | Marketing Manager. | |
| 5. Identification Document (must see original): | Brisers Licence. | |
| 6. Document Identification Number: | <u>A3561-73085-20701</u> | |
| 7. Issuing Jurisdiction: | Ontario | |
| 8. Document Expiry Date (must not be expired): | 2015/07/01. | |
| 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: | | |
| | | |
| | | |

Lot No./Suite:312 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE

