

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 #: **1001** Phase/Tower: **9 North** Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **March 09, 2016**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | AMR MOHAMED MOH RABEE |
| 2. Address: | 3050 ERIN CENTRE BLVD Apt 141,
MISSISSAUGA, ONTARIO, L5M 0P5 |
| 3. Date of Birth: | March 30, 1977 |
| 4. Principal Business or Occupation: | <u>IT Engineer</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | <u>R0010-04067-70330</u> |
| 7. Issuing Jurisdiction: | <u>Ont</u> |
| 8. Document Expiry Date (must not be expired): | <u>2019/3/30</u> |

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: | _____ |

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Verification of Individual

- 1. Full Legal Name of Individual: **REHAB ATTIA A MOSTAFA**
- 2. Address: **3050 ERIN CENTRE BLVD Apt 141,
MISSISSAUGA, ONTARIO, L5M 0P5**
- 3. Date of Birth: **October 09, 1981**
- 4. Principal Business or Occupation: F&B (Paramount)
- 5. Identification Document (must see original): Driver's Licence
- 6. Document Identification Number: **M6739-64718-16009**
- 7. Issuing Jurisdiction: Ont
- 8. Document Expiry Date (must not be expired): 2017/2/21

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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: _____

10-MAY-2016 BANN 1001 SPUR, Agent: Dr. Donohat Renewal Permis



Ontario

Driver's Licence
Permis de conduire

ON
CANADA

1,2 NAME/ NOM

RABEE,

AMR, MOHAMED MOH

8 141-3050 ERIN CENTRE BLVD

MISSISSAUGA, ON, L5M 0P5

4d NUMBER/
NUMÉRO

R0010 - 04067 - 70330

4a ISS/ DÉL.

2015/12/22

4b EXP/ EXP.

2019/03/30

6 DD/ RÉF.

DJ1653740

15 SEX/ SEXE

M

9 CLASS/
CATÉG.

G

12 REST./
COND.

X



Signature

1977/03/30

3 DOB/ DDN





Ontario

Driver's Licence
Permis de conduire

ON
CANADA

1,2 NAME/NOM

MOSTAFA,

REHAB, ATTIA A

8 141-3050 ERIN CENTRE BLVD
MISSISSAUGA, ON, L5M 0P5

4d NUMBER/
NUMÉRO

M6739 - 64718 - 16009

4a ISS/DÉL.

2012/10/16

4b EXP/EXP. 2017/02/21

5 DD/REF.

CL1885760

16 HGT/HAUT. 160 cm

15 SEX/SEXE

F

9 CLASS/
CATÉG.

G

12 REST/
COND.

Rehab Mostafa

3 DOB/DDN 1981/10/09

5119519

