

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 #: **1902** Phase/Tower: **9 North** Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **October 31, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | AHMAD ALNOURI |
| 2. Address: | 330 PRINCESS ROYAL DR,
MISSISSAUGA, ONTARIO, L5B 4P7 |
| 3. Date of Birth: | November 26, 1984 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>009482348</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: | _____ |

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Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | DARIN SHAATH |
| 2. Address: | 330 PRINCESS ROYAL DR,
MISSISSAUGA, ONTARIO, L5B 4P7 |
| 3. Date of Birth: | January 14, 1992 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>QJ043971</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

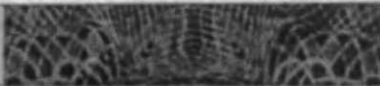
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| 1. Name of third Party: | _____ |
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| 3. Date of Birth: | _____ |
| 4. Principal Business or Occupation: | _____ |
| 5. Incorporation number and place of issue (corporations/other entities only) | _____ |
| 6. Relationship between third party and client: | _____ |



ENDORSEMENTS AND LIMITATIONS

This passport is valid for all countries unless otherwise endorsed (subject to any visa or other entry regulations of countries to be visited).

A P C O L 9 3 9



MENTIONS ET RESTRICTIONS

Ce passeport est valable pour tous les pays, sauf indication contraire (Le titulaire doit également se conformer aux formalités d'entrée des pays où il a l'intention de se rendre.)

8002448506



(Signature of bearer - Signature du titulaire)

PASSPORT

PASSEPORT

CANADA

Type/Type

Issuing Country/Pays émetteur

Passport No /N° de passeport

P

CAN

QJ043971

Sumamei.com

SHAATH

Given names/Prénoms

DARIN

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

14 JAN / JAN 92

Send/Score

Place of birth/Lieu de naissance

F

JEDDAH SAU

Date of issue/Date de délivrance

Issuing Authority/Autorité de délivrance

25 JULY/JUIL 12 MISSISSAUGA

Date of expiry/Date d'expiration

25 JULY/JUIL 17

[illegible][illegible]Human Resources
Development CanadaDéveloppement des
ressources humaines Canada

SOCIAL
INSURANCE
NUMBER

NUMÉRO
D'ASSURANCE
SOCIALE

538 379 306

DARIN SHAATH

876287600 N

وزارة الداخلية - إدارة الهجرة والجوازات

MINISTRY OF INTERIOR - DEPARTMENT OF IMMIGRATION AND PASSPORTS
MINISTÈRE DE L'INTÉRIEUR - DÉPARTEMENT DE L'IMMIGRATION ET DES PASSEPORTS

يُطلب من موطني الحكومة الجمهورية العربية السورية ومن ضمنها في الخارج ويرجى من كل سلطة أخرى تعمل باسم الحكومة العربية السيادة ومن السلطات المختصة أن تسمح خاضع هذا القرار بحجة الماء، وأن تقبل الدكا هنا
ساعداً وعادة

1009169515

Officials of the Syrian authorities and any other Government together with to let this passport hold protection he may need.

Les fonctionnaires a
et les représentants à l'
Gouvernement Arabe Syri.

prisés de laisser librement passer le titulaire de ce passeport et de lui accorder toute aide et protection dont il peut avoir besoin.

Directeur du Département
 de l'Immigration et des
 Passeports
 ou le Consul Général

مدير ادارة الهجرة والجنوزات
 او القنصل العام

محمد بن عبد الله بن محمد

[illegible]

PASSPORT
PASSEPORT

جواز سفر

SYRIAN ARAB REPUBLIC
REPUBLIQUE ARABE SYRIENNE

Type/Type: النوع

Country code / Code du pays / رمز البلد
SYR

Issue no./N délivrance: 002-14-L133558

رقم الإصدار :

Given Name/Prénom:

AHMAD

العمد

الانتم :

Surname/Nom.

ALNOURI

النوري

التسمية:

Father Name/Nom du père

MHD ARFAN

• محمد عرفان

السلامة

Mother Name/Nom de la mère

FADWA

طدوى

اسم الأم:

Birth Date/Date de naissance

26/11/1984

43. في الآلة:

Birth Place/Lieu de naissance:

EGYPT

مَكَانُ الْوَلَايَةِ: مَعْبُد

Sex/Sexe:

M

الحل:



PNSYRALNOURI<<AHMAD<<<<<<<<<<<<<<<<<<<<<
0094823484SYR8411268M2008309010<30273402<<Dd

CONTINUING POWER OF ATTORNEY FOR PROPERTY (SHORT FORM)

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given

by AHMAD AL NOURI and DARIN SHAATH
[Grantor]

of the City of Mississauga, Ontario, in the Province of Ontario

APPOINTMENT

1. I APPOINT my Broker, Fouad Zakaria Dib - (O/A Fred Dib)

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 XXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX

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.

AN
DS

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 The Project Known as BLOCK NINE, Mississauga (Parkside Village Block Nine).

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.

AN
DS

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 this 29 day of October, 2015 in the presence of both witnesses, each present at the same time.

Lina Al Khadra Lina

Witness #1

Name and Address

Rawan Shaath Rawan

Witness #2

Name and Address

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Ahmed AlNuri

Darin Shaath

Ahmed AlNuri

Darin Shaath

Grantor