

PSV - Block 7 - PSV

AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

Between: AMACON DEVELOPMENT (CITY CENTRE) CORP. (the "Vendor") and

ODAI RAHOU (the "Purchaser")

Suite 1907 Tower ONE Unit 7 Level 18 (the "Unit")

It is hereby understood and agreed between the Vendor and the Purchaser that the following change(s) shall be made to the above-mentioned Agreement of Purchase and Sale, and except for such change(s) noted below, all other terms and conditions of the Agreement shall remain as stated therein, and time shall continue to be of the essence.

~~DELETE: FROM THE AGREEMENT OF PURCHASE AND SALE~~
N/A

INSERT: TO THE AGREEMENT OF PURCHASE AND SALE

The undersigned, AMAR RAHOU (collectively, the "Purchaser")

DATE OF BIRTH: AUGUST 14, 1973

DRIVER'S LICENCE: R0172-03707-30814

SIN No:

CURRENT ADDRESS: 719 SWAN PLACE
PICKERING, ONTARIO
L1X 2V7

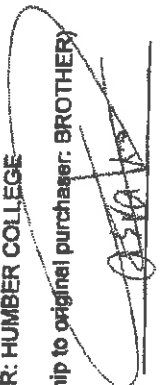
TELEPHONE: 416-859-5533

EMAIL: ASRAHO@YAHOO.COM

OCCUPATION: PROFESSOR

EMPLOYER: HUMBER COLLEGE

(Relationship to original purchaser: BROTHER)

Signature: 

Dated at Mississauga, Ontario this 28 day of January 2017.

SIGNED, SEALED AND DELIVERED
In the Presence of:

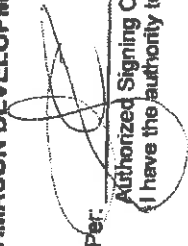


Witness


Purchaser - ODAI RAHOU

Accepted at Toronto this 30 day of January 2017.

AMACON DEVELOPMENT (CITY CENTRE) CORP.

Per:  c/s
Authorized Signing Officer
I have the authority to bind the Corporation.

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AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

Between: **AMACON DEVELOPMENT (CITY CENTRE) CORP.** (the "Vendor") and

ODAI RAHOU (the "Purchaser")

Suite **1907** Tower **ONE** Unit **18** (the "Unit")

It is hereby understood and agreed between the Vendor and the Purchaser that the following change(s) shall be made to the above-mentioned Agreement of Purchase and Sale, and except for such change(s) noted below, all other terms and conditions of the Agreement shall remain as stated therein, and time shall continue to be of the essence.

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DATE OF BIRTH: AUGUST 14, 1973

DRIVER'S LICENCE: R0172-03707-30814

SIN No:

CURRENT ADDRESS: 719 SWAN PLACE

PICKERING, ONTARIO

L1X 2V7

TELEPHONE: 416-859-5533

EMAIL: ASRAHO@YAHOO.COM

OCCUPATION: PROFESSOR

EMPLOYER: HUMBER COLLEGE

(Relationship to original purchaser: BROTHER)

Signature: _____

Dated at **Mississauga, Ontario** this 28 day of January 2017.

SIGNED, SEALED AND DELIVERED

In the Presence of:

Witness

Purchaser - Oдай Раһоу

Accepted at _____ this _____ day of _____ 2017.

AMACON DEVELOPMENT (CITY CENTRE) CORP.

Per: _____ c/s
Authorized Signing Officer
I have the authority to bind the Corporation.

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 #: 1907 Phase/Tower: ONE Plan No.:

Street: 4011 Brickstone Mews in the City of Mississauga

Date of Offer: February 28, 2012

Sales Representative: In2ition Realty

Verification of Individual

1. Full Legal Name of Individual: AMAR RAHOU
2. Address: 719 SWAN PLACE
PICKERING, ONTARIO, L1X 2V7
3. Date of Birth: AUGUST 14, 1973
4. Principal Business or Occupation: Professor, Humber College
5. Identification Document (must see original): Driver's Licence
6. Document Identification Number: ~~R~~0172-03707-30814
7. Issuing Jurisdiction: ~~AMER~~ Ontario
8. Document Expiry Date (must not be expired): Aug 14, 2022

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: _____

PSV #1907

name addition:

PSV # 1907

