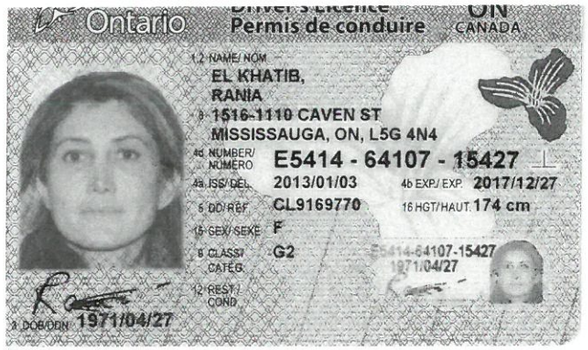
Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
EL KHATIB,
RANIA
3 1516-1110 CAVEN ST
MISSISSAUGA, ON, L5G 4N4
4d NUMBER/ NUMERO E5414 - 64107 - 15427
4a ISS/ DEL 2013/01/03
4b EXP/ EXP 2017/12/27
5 DD/ REF CL9169770
16 HGT/ HAUT 174 cm
15 SEX/ SEXE F
9 CLASS/ CATÉG G2
12 REST/ COND
E5414-64107-15427
1971/04/27
3 DOB/ DDN 1971/04/27

Suite 3703

AFA Company

Aug 13.16.

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 #: **3703** Phase/Tower: **ONE** Plan No.:

Street: **4011 Brickstone Mews** in the **City** of **Mississauga**

Date of Offer: **August 13, 2016**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **RANIA ELKHATIB**
2. Address: **2 ANNDALE DRApt 908, NORTH YORK, ONTARIO, M2N 0G5**
3. Date of Birth: **April 27, 1971**
4. Principal Business or Occupation: Media Consultant
5. Identification Document (must see original): E5414 64107 15427
6. Document Identification Number: **E5414-64107-15427**
7. Issuing Jurisdiction: Ontario
8. Document Expiry Date (must not be expired): 12/27/17

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: _____