

**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 #: **4206**    Phase/Tower: **ONE**    Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **February 25, 2012**

Sales Representative:

**Verification of Individual**

- |                                                 |                                                       |
|-------------------------------------------------|-------------------------------------------------------|
| 1. Full Legal Name of Individual:               | MARIAM ABOUD                                          |
| 2. Address:                                     | 5289 PALMETTO PLACE,<br>MISSISSAUGA, ONTARIO, L5M 0C8 |
| 3. Date of Birth:                               | December 23, 1954<br><i>Retired.</i>                  |
| 4. Principal Business or Occupation:            |                                                       |
| 5. Identification Document (must see original): |                                                       |
| 6. Document Identification Number:              | <u>A10145194546223</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.

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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:                               |  |