

# Addendum to Agreement of Purchase and Sale



## Delayed Occupancy Warranty

This addendum, including the accompanying Statement of Critical Dates (the “**Addendum**”), forms part of the agreement of purchase and sale (the “**Purchase Agreement**”) between the Vendor and the Purchaser relating to the Property. This Addendum is to be used for a transaction where the home is a condominium unit (that is not a vacant land condominium unit). This Addendum contains important provisions that are part of the delayed occupancy warranty provided by the Vendor in accordance with the *Ontario New Home Warranties Plan Act* (the “ONHWP Act”). If there are any differences between the provisions in the Addendum and the Purchase Agreement, then the Addendum provisions shall prevail. **PRIOR TO SIGNING THE PURCHASE AGREEMENT OR ANY AMENDMENT TO IT, THE PURCHASER SHOULD SEEK ADVICE FROM A LAWYER WITH RESPECT TO THE PURCHASE AGREEMENT OR AMENDING AGREEMENT, THE ADDENDUM AND THE DELAYED OCCUPANCY WARRANTY.**

Tarion recommends that Purchasers register on Tarion’s **MyHome** on-line portal and visit Tarion’s website - **tarion.com**, to better understand their rights and obligations under the statutory warranties.

The Vendor shall complete all blanks set out below.

<b>VENDOR</b>			
<b>AMACON DEVELOPMENT (CITY CENTRE) CORP.</b>			
Full Name(s)			
<b>38706</b>		<b>1 Yonge Street, Suite 601</b>	
Tarion Registration Number		Address	
<b>(416) 369-9069</b>		<b>Toronto</b>	<b>Ontario</b>
Phone		City	Province
<b>(416) 369-9068</b>		<b>infoTO@amacon.com</b>	
Fax		Email	

<b>PURCHASER</b>			
<b>JAYSHIL S PATEL and SAPNA JAYSHIL PATEL</b>			
Full Name(s)			
<b>914 BRASS WINDS PLACE</b>			
Address			
<del>Cell: (416) 646-7718</del>		<b>MISSISSAUGA</b>	<b>ONTARIO</b>
		City	Province
<b>REVISED (416)879-4575</b>		<b>L5W 1T2</b>	
		Postal	
			
		Email*	

<b>PROPERTY DESCRIPTION</b>		
<b>430 Square One Dr.</b>		
Municipal Address		
<b>Mississauga</b>	<b>Ontario</b>	
City	Province	Postal Code
<b>Pt. Lt. 19, Con 2 NDS (Tor. TWP) designated as Parts 1, 2, 3, 4 &amp; 5, Plan 43R-30808, Mississauga</b>		
Short Legal Description		

<b>INFORMATION REGARDING THE PROPERTY</b>	
The Vendor confirms that:	
(a) The Vendor has obtained Formal Zoning Approval for the Building.	<input checked="" type="radio"/> Yes <input type="radio"/> No
If no, the Vendor shall give written notice to the Purchaser within 10 days after the date that Formal Zoning Approval for the Building is obtained.	
(d) Commencement of Construction: <input checked="" type="radio"/> has occurred;or <input type="radio"/> is expected to occur by	
The Vendor shall give written notice to the Purchaser within 10 days after the actual date of Commencement of Construction.	
<b>*Note: Since important notices will be sent to this address, it is essential that you ensure that a reliable email address is provided and that your computer settings permit receipt of notices from the other party.</b>	

INDIVIDUAL IDENTIFICATION INFORMATION RECORD

A. Verification of Individual

NOTE: One of Section A.1, A.2. or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer/purchaser or seller/vendor) . Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity. Where you are using an agent or mandatary to verify the identity of an individual, special process and caution needs to be used.

1. Full Legal Name of Individual:

SAPNA JAYSHIL PATEL
2. Address:

914 BRASS WINDS PLACE,  
MISSISSAUGA, ONTARIO, L5W 1T2
3. Date of Birth:

September 21, 1976
4. Principal Business or Occupation:

Moore Canada Corp/sales associate



A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual’s identity by comparing the individual to their photo ID. The individual must be physically present.

1. Type of Identification Document (must see original):

Drivers License
2. Document Identification Number:

P0795-69157-65921
3. Issuing Jurisdiction:

ONTARIO
4. Document Expiry Date (must not be expired):

September 21, 2023

A.2 Credit File

Ascertain the individual’s identity by comparing the individual’s name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual’s identity. The individual does not need to be physically present.

1. Name of Canadian Credit Bureau Holding the Credit File:
2. Reference Number of Credit File:

A.3 Dual ID Process Method

1. Complete two of the following three checkboxes by ascertaining the individual’s identity by referring to information in two independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). Any document must be an original paper or original electronic document (e.g., the individual can email you electronic documents downloaded from a website). Documents cannot be photocopied, faxed or digitally scanned. The individual does not need to be physically present.

Verify the individual’s name and date of birth by referring to a document or source containing the individual’s name and date of birth

Name of Source:

Account Number\*\*:

Verify the individual’s name and address by referring to a document or source containing the individual’s name and address

Name of Source:

Account Number\*\*:

Verify the individuals’ name and confirm a financial account

Name of Source:

Financial Account Type:

Account Number\*\*:

\*\* Or reference number if there is no account number.

INDIVIDUAL IDENTIFICATION INFORMATION RECORD

A.4 Unrepresented Individual Reasonable Measures Record (if applicable)

Only complete this section when you are unable to ascertain the identity of an unrepresented individual.

1. Measures taken to Ascertain Identity (check one):

Asked unrepresented individual for information to ascertain their identit

Other, explain:

Date on which above measures taken:

2. Reasons why measures were unsuccessful (check one):

Unrepresented individual did not provide informatio

Other, explain:

B. Verification of Third Parties (if applicable)

NOTE: *Only complete Section B for your clients.* Complete this section of the form to indicate whether a client is acting on behalf of a third party. Either B.1 or B.2 must be completed.

B.1 Third Party Reasonable Measures

Where you cannot determine whether there is a third party, complete this section.

Is the transaction being conducted on behalf of a third party according to the client? (check one):

Ye

N

Measures taken (check one):

Asked if client was acting on behalf of a third part

Other, explain:

Date on which above measures taken:

Reason why measures were unsuccessful (check one):

Client did not provide informatio

Other, explain

Indicate whether there are any other grounds to suspect a third party (check one):

N

Yes, explain:

B.2 Third Party Record

Where there is a third party, complete this section.

1. Name of third party:

2. Address:

3. Date of Birth:

4. Nature of Principal Business or Occupation:

5. Incorporation number and place of issue (if applicable):

6. Relationship between third party and client:

INDIVIDUAL IDENTIFICATION INFORMATION RECORD

NOTE: *Only complete Sections C and D for your clients.*

C. **Client Risk** (ask your Compliance Officer if this section is applicable)

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below:

**Low Risk**

- ☒ Canadian Citizen or Resident Physically Present
- ☐ Canadian Citizen or Resident Not Physically Present
- ☐ Canadian Citizen or Resident - High Crime Area - No Other Higher Risk Factors Evident
- ☐ Foreign Citizen or Resident that does not Operate in a High Risk Country (physically present or not)
- ☐ Other, explain:

The agreement is signed via DocuSign and Zoom video conference to verify the purchaser's identity.

**Medium Risk**

- ☐ Explain below

**High Risk**

- ☐ Foreign Citizen/Resident that operates in a High Risk Country (physically present or not)
- ☐ Other Explain

If you determined that the client’s risk was high, tell your brokerage’s Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.

INDIVIDUAL IDENTIFICATION INFORMATION RECORD

D. Business Relationship (ask your Compliance Officer when this section is applicable)

D. 1. Purpose and Intended Nature of the Business Relationship

Check the appropriate boxes.

Acting as an agent for the purchase or sale of:



Residential property

☐ Commercial property

☐ Other, please specify:

☒ Residential property for income purposes

☐ Land for Commercial Use

D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

D.2.1. Ask the Client if their name, address or principal business or occupation has changed and if it has include the updated information on page one.

D.2.2 Keep all relevant correspondence with the client on file in order to maintain a record of the information you have used to monitor the business relationship with the client. Optional - if you have taken measures beyond simply keeping correspondence on file, specify them here:

D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage’s business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied:

D.3 Suspicious Transactions

Don’t forget, if you see something suspicious during the transaction report it to your Compliance Officer . Consult your policies and procedures manual for more information.

INDIVIDUAL IDENTIFICATION INFORMATION RECORD

NOTE: An Individual Identification Information Record is required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act. This Record must be completed whenever there is an act in respect to the purchase or sale of real estate. It is recommended that the Individual Identification Information Record be completed:

- (i) for a buyer when the offer is submitted and/or a deposit made, and
- (ii) for a seller when the seller accepts the offer.

Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.** Lot/Suite #: **403** Phase/Tower: **Avia 1** Plan No.:  
Transaction Property Address: **430 Square One Dr.** in the City of **Mississauga**  
Sales Representative/Broker:  
Date Information Verified: **June 04, 2020**

A. Verification of Individual

NOTE: One of Section A.1, A.2. or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer/purchaser or seller/vendor) . Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity. Where you are using an agent or mandatary to verify the identity of an individual, special process and caution needs to be used.

- 1. Full Legal Name of Individual: **JAYSHIL S PATEL**
- 2. Address: **914 BRASS WINDS PLACE,  
MISSISSAUGA, ONTARIO, L5W 1T2**
- 3. Date of Birth: **October 02, 1976**
- 4. Principal Business or Occupation: **Tech Data/director of finance**



A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual’s identity by comparing the individual to their photo ID. The individual must be physically present.

- 1. Type of Identification Document (must see original): **Drivers License**
- 2. Document Identification Number: **P0795-39287-61002**
- 3. Issuing Jurisdiction: **ONTARIO**
- 4. Document Expiry Date (must not be expired): **October 02, 2020**

A.2 Credit File

Ascertain the individual’s identity by comparing the individual’s name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual’s identity. The individual does not need to be physically present.

- 1. Name of Canadian Credit Bureau Holding the Credit File: \_\_\_\_\_
- 2. Reference Number of Credit File: \_\_\_\_\_

A.3 Dual ID Process Method

1. Complete two of the following three checkboxes by ascertaining the individual’s identity by referring to information in two independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). Any document must be an original paper or original electronic document (e.g., the individual can email you electronic documents downloaded from a website). Documents cannot be photocopied, faxed or digitally scanned. The individual does not need to be physically present.

Verify the individual’s name and date of birth by referring to a document or source containing the individual’s name and date of birth

Name of Source: \_\_\_\_\_  
Account Number\*\*: \_\_\_\_\_

Verify the individual’s name and address by referring to a document or source containing the individual’s name and address

Name of Source: \_\_\_\_\_  
Account Number\*\*: \_\_\_\_\_

Verify the individuals’ name and confirm a financial account

Name of Source: \_\_\_\_\_  
Financial Account Type: \_\_\_\_\_  
Account Number\*\*: \_\_\_\_\_

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Other, explain:

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Measures taken (check one):

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Other, explain:

Date on which above measures taken:

Reason why measures were unsuccessful (check one):

Client did not provide informatio

Other, explain

Indicate whether there are any other grounds to suspect a third party (check one):

N

Yes, explain:

B.2 Third Party Record

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1. Name of third party:

2. Address:

3. Date of Birth:

4. Nature of Principal Business or Occupation:

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- ☐ Other, explain:

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**Medium Risk**

- ☐ Explain below

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Transaction Property Address: **430 Square One Dr.** in the City of **Mississauga**  
Sales Representative/Broker:  
Date Information Verified: **June 04, 2020**