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 #: 3004 Phase/Tower: Voya A Plan No.:

Transaction Property Address: 4116 Parkside Village Drive in the City of Mississauga

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:

Sarah Razzouk

2. Address:

223 NIAGARA TRAIL.

GEORGETOWN, ONTARIO, L7G 0M4

3. Date of Birth:

July 04, 1986

4. Principal Business or Occupation:

Razzouk Law/lawyer

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:

R0994-69108-65704

Issuing Jurisdiction:

ONTARIO

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

July 04, 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:	
	P. 1260 - N. 4564 70.3	

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
of birtl																			

☐ Name of Source: ☐ Account Number**:					_				
☐ Verify the individual's name an address	d address by r	eferring to a	document of	or source	containing	the	individual's	name	and
□ Name of Source:									
☐ Account Number**:					_				
☐ Verify the individuals' name and confin	m a financial acc	ount*							
☐ Name of Source:									
☐ Financial Account Type:					-				

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

☐ Account Number**:

(@File Name) 25May19

Lot No./Suite:3004 Project: AMACON DEVELOPMENT (CITY CENTRE) CORP.

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.

□ Asked unrepresented individual for information to ascertain their identity □ Other, explain: □ Date on which above measures taken: □ Reasons why measures were unsuccesful (check one): □ Unrepresented individual did not provide information □ Other, explain: □ 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 or								
Date on which above measures taken: 2. Reasons why measures were unsuccesful (check one): Unrepresented individual did not provide information Other, explain: B. Verification of Third Parties (if applicable)								
2. Reasons why measures were unsuccesful (check one): Unrepresented individual did not provide information Other, explain: B. Verification of Third Parties (if applicable)								
2. Reasons why measures were unsuccesful (check one): Unrepresented individual did not provide information Other, explain: B. Verification of Third Parties (if applicable)								
Other, explain: B. Verification of Third Parties (if applicable)								
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 or								
behalf of a third party. Either B.1 or B.2 must be completed.								
3.1 Third Party Reasonable Measures Where you cannot determine whether there is a third party, complete this section.								
s the transaction being conducted on behalf of a third party according to the client? (check one):								
□ Yes								
□ No								
Measures taken (check one):								
☐ Asked if client was acting on behalf of a third party								
☐ Other, explain:								
Date on which above measures taken:								
Reason why measures were unsuccessful (check one):								
☐ Client did not provide information								
☐ Other, explain:								
ndicate whether there are any other grounds to suspect a third party (check one):								
П No								
☐ Yes, explain:								
3.2 Third Party Record								
Where there is a third party, complete this section.								
. Name of third party:								
. 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:								

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 Ris	k
A	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:
Mediu	n Risk
	Explain below
High Ris	sk
	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.

D. Business Relationship (ask your Compliance Officer wh	en 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 Up-To-Date	Relationship and Keep Client Information						
D.2.1. Ask the Client if their name, address or princip include the updated information on page one.	al business or occupation has changed and if it has						
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 entrelationship and keep their client information up to dedocument what enhanced measures you have applied:							
D.3 Suspicious Transactions							
Don't forget, if you see something suspicious during t	the transaction report it to your Compliance Officer.						

Consult your policies and procedures manual for more information.