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 #: **3806** 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: **SADIA MALIK**
2. Address: **5604 DOCTOR PEDDLE CRESENT, MISSISSAUGA, ONTARIO, L5M 0K6**
3. Date of Birth: **April 18, 1975**
4. Principal Business or Occupation: SCHOOL BUS DRIVER
5. Identification Document (must see original): DRIVER'S LICENCE
6. Document Identification Number: **M02796840755418**
7. Issuing Jurisdiction: ONTARIO
8. Document Expiry Date (must not be expired): 2012-04-18

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: _____

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **3806** 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: **ZAHID AHMAD MALIK**
2. Address: **5604 DOCTOR PEDDLE CRESENT, MISSISSAUGA, ONTARIO, L5M 0K6**
3. Date of Birth: **August 15, 1968**
4. Principal Business or Occupation: SALES MANAGER
5. Identification Document (must see original): DRIVER'S LICENCE
6. Document Identification Number: **M02797921680815**
7. Issuing Jurisdiction: ONTARIO
8. Document Expiry Date (must not be expired): 2012-08-15

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.

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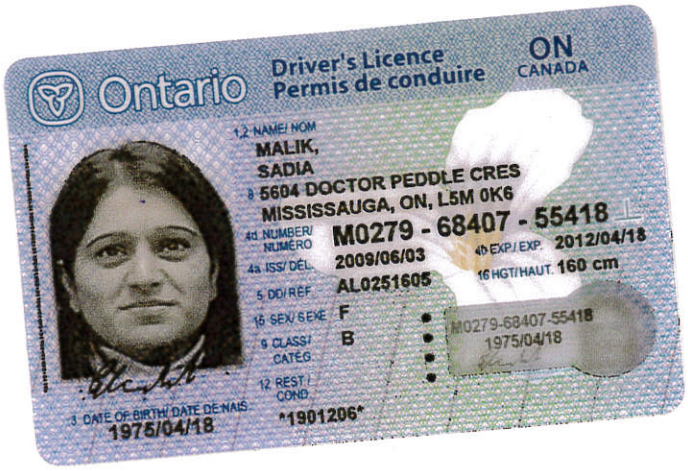
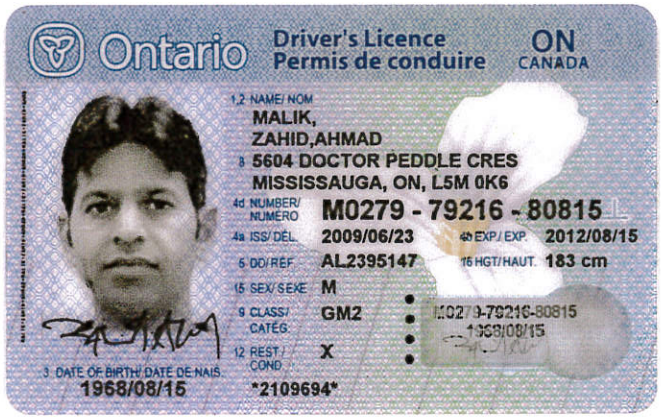
6. Relationship between third party and client: _____

Feb. 25. 2012

Suite. 3806 M/N

Mourad Hanna.


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
MALIK,
SADIA
8 5604 DOCTOR PEDDLE CRES
MISSISSAUGA, ON, L5M 0K6
4d NUMBER/ NUMÉRO M0279 - 68407 - 55418
4a ISS/ DÉL. 2009/06/03
4b EXP./ EXP. 2012/04/18
5 DD/ REF. AL0251605
16 HGT/ HAUT. 160 cm
15 SEX/ SEXE F
9 CLASS/ CATÉG. B
12 REST./ COND.
3 DATE OF BIRTH/ DATE DE NAIS. 1975/04/18
1901206
M0279-68407-55418
1975/04/18


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
MALIK,
ZAHID,AHMAD
8 5604 DOCTOR PEDDLE CRES
MISSISSAUGA, ON, L5M 0K6
4d NUMBER/ NUMÉRO M0279 - 79216 - 80815
4a ISS/ DÉL. 2009/06/23
4b EXP./ EXP. 2012/08/15
5 DD/ REF. AL2395147
16 HGT/ HAUT. 183 cm
15 SEX/ SEXE M
9 CLASS/ CATÉG. GM2
12 REST./ COND. X
3 DATE OF BIRTH/ DATE DE NAIS. 1968/08/15
2109694

Feb. 25. 2012

Suite. 3806.

Mourad Hanna