

**INDIVIDUAL IDENTIFICATION INFORMATION RECORD**  
Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

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

Lot/Suite #: **1601**    Phase/Tower: **TWO**    Plan No.:

Street: in the of

Date of Offer: **June 09, 2012**

Sales Representative: **ALEN**

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**Verification of Individual**

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|---|--|
| 1. Full Legal Name of Individual:               | <b>MOH D-GHAITH AL-HAFFAR</b>                                |
| 2. Address:                                     | <b>10 CAPREOL CRT Apt 616,<br/>TORONTO, ONTARIO, M5V 4B3</b> |
| 3. Date of Birth:                               | <b>April 26, 1963</b>  |
| 4. Principal Business or Occupation:            | _____  |
| 5. Identification Document (must see original): | _____  |
| 6. Document Identification Number:              | <u><b>A53335600630426</b></u>                                |
| 7. Issuing Jurisdiction:                        | <u><b>Ontario</b></u>  |
| 8. Document Expiry Date (must not be expired):  | <u><b>2013/12/22</b></u>                                     |

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.

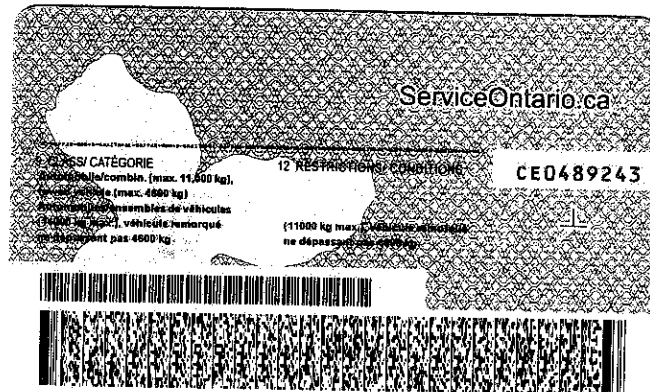
Acceptable Identification Documents: birth certificate, driver's licence, passport, record of landing , permanent resident card, old age security card, certificate of Indian Status or SIN card (although SIN numbers are NOT to be provided to FINTRAC). If the identification is from a foreign jurisdiction should be equivalent to one of the above noted documents. Provincial health card NOT an acceptable form of identification.

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**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:                               | _____ |



**CONTINUING POWER OF ATTORNEY  
FOR PROPERTY - (SHORT FORM)**

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given

By Mohd Ghaiym Al Haffar of the City of Toronto, Ont.

**APPOINTMENT**

1. **I APPOINT Omar Shaath** of the City of Mississauga in the Province of Ontario to be my attorney for property, and I authorize my attorney to do, on my behalf, any and all acts, which I could do if capable, except make a will, subject to any conditions and restrictions contained herein. My attorney shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in any court proceeding.

**SUBSTITUTION**

2. If the above appointed attorney refuses to act, or is or are unable to act by reason of death, court removal, becoming incapacitated or resignation, **I SUBSTITUTE AND APPOINT Simon Mahdessian**, of City of Mississauga, in the Province of Ontario to act as my attorney(s) for my property, in the place of any attorney(s) appointed in paragraph 1 hereof. The substituted attorney(s) shall, if able and willing to act, thereafter be my attorney(s) for property and I authorize him, her or them thereafter to do, on my behalf, any and all acts which I could do, if capable, except make a will, subject to any conditions and restrictions contained herein.

**CONTINUING POWER**

3. a) In accordance with section 7 of the *Substitute Decisions Act*, I declare that this power of attorney may be exercised during any subsequent legal incapacity on my part.
- b) I declare that, after due consideration, I am satisfied that the authority conferred on the attorney named in this power of attorney is adequate to provide for the competent and effectual management of all my property in case I should become a patient in a psychiatric facility and be certified as not competent to manage my property under the *Mental Health Act*. I therefore direct that in that event, the attorney named in this power of attorney may retain this power of attorney for the management of my property in accordance with subsection 54(6) of the *Mental Health Act* and in that case the Public Trustee shall not become committee of my property as would otherwise be the case under subsection 54(5) of the *Mental Health Act*.
- c) It is my intention and I so authorize my attorney that this authority shall be exercised during any incapacity on my part to manage my property, pursuant to sections 7 and 14 of the *Substitute Decisions Act*.

***FAMILY LAW ACT CONSENT***