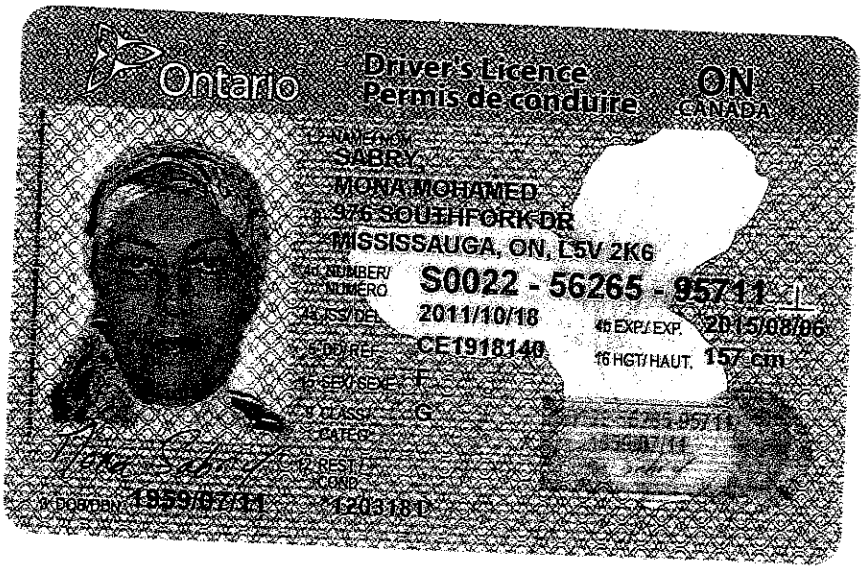
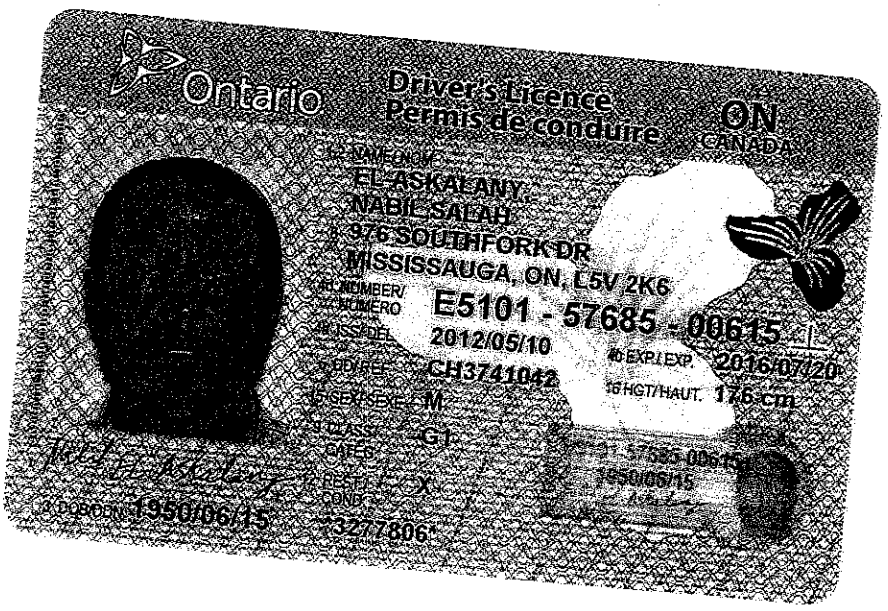

Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1 NAME/NOM
SABRY,
MONA MOHAMED
9 976 SOUTHFORK DR
MISSISSAUGA, ON, L5V 2K6
4d NUMBER/NUMÉRO
S0022 - 56265 - 95711
4a ISS/DÉL.
2011/10/18
4b EXP/EXP.
2015/08/06
5 DD/RÉ
CE1918140
16 HGT/HAUT.
157 cm
15 SEX/SEXE
F
9 CLASS/CATÉG
G
12 RESTR/COND
1203181
3 DOB/DDN
1959/07/11


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
EL-ASKALANY,
NABIL SALAH
376 SOUTHFORK DR
MISSISSAUGA, ON, L5V 2K6
E5101 - 57685 - 00615
2012/05/10
CH3741042
M
G1
X
1950/06/15
2016/07/20
176 cm

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 #: **1105** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 13, 2012**

Sales Representative:

Verification of Individual

1. Full Legal Name of Individual: **NABIL SALAH EL-ASKALANY**
2. Address: **976 SOUTHFORK DR, MISSISSAUGA, ONTARIO, L5V 2K6**
3. Date of Birth: **June 15, 1950**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **E51015768500615**
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.

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

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

Lot/Suite #: **1105** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 13, 2012**

Sales Representative:

Verification of Individual

1. Full Legal Name of Individual: **MONA MOHAMED SABRY**
2. Address: **976 SOUTHFORK DR, MISSISSAUGA, ONTARIO, L5V 2K6**
3. Date of Birth: **July 11, 1959**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **S00225626595711**
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.

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