

Ontario Driver's Licence Permis de conduire ON CANADA

NAME: GHAMBOUR, MONA
ADDRESS: 121 HENGELO CRT
PICKERING, ON, L1W 3W3
NUMBER: G3182 - 56207 - 15215
EXPIRY: 2012/02/03
SEX: F
DOB: 2012/02/03
HEIGHT: 165 cm

49730215 277057

Ontario Drivers Licence Permis de conduire ON CANADA

NAME/NOM: EL TANNIR
 NABIL
 1241 ENGEL CRT
 PICKERING, ON, L1W 3W3
 NUMBER/NUMERO: E5615 - 57606 - 80303
 EXP/DEL: 2010/09/23
 EXP/DEL: 2015/03/03
 SEX/SEX: M
 HT/HAUT: 170 cm
 DOB/DOB: 1968/03/02
 706 0303
 00/0303

Human Resources Développement Canada

SOCIAL INSURANCE NUMBER: 518 684 493
 NUMÉRO D'ASSURANCE SOCIALE: 518 684 493

NABIL EL-TANNIR

Recd July 9, 2012

[Signature]

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 #: **1404** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 10, 2012**

Sales Representative: **reena**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | Nabil El-Tannir |
| 2. Address: | 1231 ENGEL COURT,
PICKERING, ONTARIO, L1W 3W3 |
| 3. Date of Birth: | March 03, 1968 |
| 4. Principal Business or Occupation: | <u>IT Director</u> |
| 5. Identification Document (must see original): | <u>Dr hi</u> |
| 6. Document Identification Number: | <u>E5616-57606-80303</u> |
| 7. Issuing Jurisdiction: | <u>PROV-DN.</u> |
| 8. Document Expiry Date (must not be expired): | <u>Mar 3, 2013</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.

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: | <u></u> |
| 2. Address: | <u></u> |
| 3. Date of Birth: | <u></u> |
| 4. Principal Business or Occupation: | <u></u> |
| 5. Incorporation number and place of issue (corporations/other entities only) | <u></u> |
| 6. Relationship between third party and client: | <u></u> |

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