

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 #: **2404** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 29, 2012**

Sales Representative:

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | DHIYAA ABBAS |
| 2. Address: | 1657 MICKLEBOROUGH CT,
LONDON, ONTARIO, N6G 5R7 |
| 3. Date of Birth: | November 04, 1953 |
| 4. Principal Business or Occupation: | <u>Dentist</u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>A10051675531104</u> |
| 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: | _____ |

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

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given

by , DHIYAA KH. ABBAS ABBAS

[GRANTOR],

of the City of MISSISSAUGA in the Province of Ontario

APPOINTMENT

1. **I APPOINT [name]** ALAA YOUSIF

of the City of [city] 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 [name]

of City of [city], 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

FAMILY LAW ACT CONSENT

4. If my spouse disposes of or encumbers any interest in a matrimonial home in which I have a right to possession under Part II of the *Family Law Act*, I authorize the attorney named in this power of attorney for me and in my name to consent to the transaction as provided for in clause 21(1)(a) of the said Act.

CONDITIONS AND RESTRICTIONS

5. This Continuing Power of Attorney for Property is only to be used for any and all dealings with my property [details of property location and detail specifics of authority eg. purchase, sale, convey, mortgage, lease]

EFFECTIVE DATE

6. This continuing power of attorney for property comes into effect as of the date of execution set out below.

REVOCATION

7. Any prior power of attorney for property or any power of attorney which affects my property given by me, except a power of attorney given to a bank or financial institution for the purpose of transacting my business with that bank or financial institution, is hereby revoked.

COMPENSATION

8. I authorize my attorney and my attorney has agreed to accept [NO] compensation for any work done by her pursuant to this power of attorney for property.

Executed at the City of [CITY], in the Province of Ontario, this 28th day of July, 2012, in the presence of both witnesses, each present at the same time.

Witness

Print name and address

July 28th 2012

Witness

Print name and address

Jul 28th 12

DHIYAA KH. ABBAS ABBAS

[grantor name]



Government
of Canada

Gouvernement
du Canada

PERMANENT
RESIDENT CARD

CARTE DE RÉSIDENT
PERMANENT

Name/Nom

ABBAS
DHIYAA KH ABBAS

ID No/No ID

5873-0548

Sex/
Sexe

M

Nationality/
Nationalité

IRQ



Date of Birth/
Date de naissance

04 NOV /NOV 53

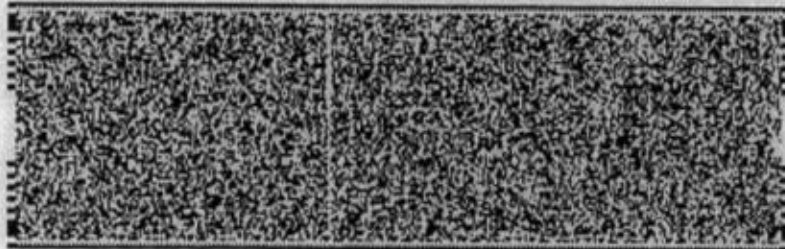
Expiry/Expiration

02 FEB /FEV 17



Canada

PA1013069



Height/Taille : 172 cm

Eyes/Yeux : BROWN / BRUNS

COB/PDN : IRQ

PR Since/HP depuis : 13 12 2011 TORONTO

Category/Catégorie : SW1/SW1

CACANPA10130699<58730548<<<<<5
5311046M1702024IRQ<120202<01<5
ABBAS<<DHIYAA<KH<ABBAS<<<<<<<<



Driver's Licence
Permis de conduire

ON
CANADA



1.2 NAME/NO

ABBAS,
DHIYAA K A

3 1657 MICKLEBOROUGH CT
LONDON, ON, N6G 5R7

40 NUMBER/
NUMERO

A1005 - 16755 - 31104

40 EXPIR/EXP

2012/06/27

40 EXPIR/EXP 2017/06/26

40 REF

CH8399482

HEIGHT/AUT 173 cm

4 SEX/SEXE

M

4 CLASS/
CLASSE

G1

4 REST/
COND

X

3 DOB/CM 1953/11/04

3806094