



PSV2

3504 - \$373,900
Agent. Nabil Girgis
Royal LePage

 Ontario Driver's Licence Permis de conduire ON CANADA



1,2 NAME/ NOM
YOUSSEF,
GAMAL, YOUSSEF, R
2157 HILLMOUNT DR
OAKVILLE, ON, L6M 0H9

4a NUMBER/ NUMERO Y6831 - 27296 - 80428 1

4b ISS/ DEL 2011/07/08 4b EXP/ EXP 2014/04/28

5 DD/ REF CC1008779 16 HGT/ HAUT. 176 cm

15 SEX/ SEXE M

8 CLASS/ CATEG G

12 REST/ COND X

DOB/ DON 1968/04/28 *9994183*

 Ontario Driver's Licence Permis de conduire ON CANADA



1,2 NAME/ NOM
ELABOUTIGY,
RANIA, S
2157 HILLMOUNT DR
OAKVILLE, ON, L6M 0H9

4a NUMBER/ NUMERO E5006 - 64187 - 35929 1

4b ISS/ DEL 2011/07/08 4b EXP/ EXP 2014/09/29

5 DD/ REF CC1008300 16 HGT/ HAUT. 169 cm

15 SEX/ SEXE F

8 CLASS/ CATEG G

12 REST/ COND X

DOB/ DON 1973/09/29 *9979468*

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 #: **3504** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 11, 2012**

Sales Representative: **Richmond**

Verification of Individual

1. Full Legal Name of Individual: **Gamal Youssef**
2. Address: **2157 HILLMOUNT DR,
OAKVILLE, ONTARIO, L6M 0H9**
3. Date of Birth: **April 28, 1968**
4. Principal Business or Occupation: IT consultant
5. Identification Document (must see original): _____
6. Document Identification Number: **y6831-27296-80428**
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 #: **3504** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **July 11, 2012**

Sales Representative: **Richmond**

Verification of Individual

1. Full Legal Name of Individual: **Rania S. Elaboutigy**
2. Address: **2157 HILLMOUNT DR,
OAKVILLE, ONTARIO, L6M 0H9**
3. Date of Birth: **September 29, 1973**
4. Principal Business or Occupation: Assistant
5. Identification Document (must see original): _____
6. Document Identification Number: **E5006-64187-35929**
7. Issuing Jurisdiction: _____
8. Document Expiry Date (must not be expired): _____

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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)

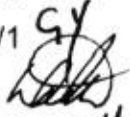
THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given by **GAMAL YOUSSEF**, of the Town of Oakville, in the Regional Municipality of Halton, Province of Ontario, Canada, Sales Manager.

1. I appoint my wife, **RANIA ELABOUTIGY**, of the Town of Oakville, in the Regional Municipality of Halton, to be my attorney(s) for property, and I authorize my attorney(s) 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.
2. This power of attorney is subject to the following conditions and restrictions:

NONE
3. I declare that, after due consideration, I am satisfied that the authority conferred on the attorney(s) named in this power of attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the Mental Health Act, R.S.O. 1990, chap M. 7. I therefore direct that in that event, the attorney(s) named in this power of attorney may retain this power of attorney for the management of my estate by complying with subsection 16(1) of the Substitute Decisions Act, if required, and in that case the Public Guardian and Trustee shall not become statutory guardian of my estate or the statutory guardianship shall be terminated.

(If the donor of a power enters a psychiatric facility, the attorney must notify the Public Guardian and Trustee immediately, in writing, of his intention to manage all the estate by means of the power of attorney and supply the Public Guardian and Trustee with a copy of it.)

4. It is my intention and I so authorize my attorney(s) 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, 1992, S.O. 1992, chap. 30.
5. 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, R.S.O. 1990, chap. F. 3, I authorize the attorney(s) 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 that Act.
6. This power of attorney for property comes into effect as of the date of execution set out below.
7. My attorney(s) may take compensation out of my property for any work done in accordance with this continuing power of attorney by him, her, or them, in accordance with the prescribed fee scale established pursuant to sections 40(1) and

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90 of the Substitute Decisions Act, 1992, for the compensation of attorneys under a continuing power of attorney.

8. Any power of attorney for property or any power of attorney which affects my property previously given by me is hereby revoked.

Executed at the City of Mississauga this 2nd day of September, 2011 in the presence of both witnesses, each present at the same time.

WITNESSED BY:

Christa Hammond

Signature

Christa Hammond

Print Witness's Name & Address

3400 Ingram Road

Mississauga, Ontario

L5L 4M9

David W.R. Hammond

Signature

David W.R. Hammond

Print Witness's Name & Address

2145 Dunwin Drive, Unit 5

Mississauga, Ontario

L5L 4L9

GAMAL YOUSSEF