

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 #: **1908** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **September 05, 2012**

Sales Representative: **REENA**

Verification of Individual

1. Full Legal Name of Individual: **ABDULAZIZ MOHAMMAD SHARIF AL KHAMIRI**
2. Address: **257 HURONTARIO ST,
MISSISSAUGA, ONTARIO, L5A 4K4**
3. Date of Birth: **August 01, 1964**
4. Principal Business or Occupation: Business man.
5. Identification Document (must see original): _____
6. Document Identification Number: **8BC164646**
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: _____

محل الإقامة : Domicile :

SHARJAH
ALKARFANA
33

القامة : Taille :

173 cm

لون العينين : Couleur des yeux :

MARRON

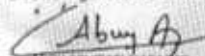
لون الشعر : Couleur des cheveux :

NOIRE

Signature et cachet de l'autorité

توقيع وختم السلطة

Directeur général de la sûreté


MOU SCHIRAFI ALI BACHAR
Commandant général de police

Signature du titulaire / إمضاء صاحب الجواز



جمهورية القمر المتحدة UNION DES COMORES

PASSEPORT

جواز سفر

النوع : Type :

P

رمز البلد / Code du pays :

COM

رقم الجواز / Passport n° :

8BC164646

الاسم / Nom :

AL KHAMIRI

NIN

4000742

اللقب / Prénoms :

ABDULAZIZ MOHAMMAD SHARIF

الجنسية / Nationalité :

COMORIENNE

الجنس / Sexe :

M

تاريخ الميلاد / Date de naissance :

01 - 08 - 1964

محل الميلاد / Lieu de naissance :

KHAMIR

تاريخ الإصدار / Date de délivrance :

08 - 06 - 2012

المستطع / Autographe :

Directeur général de la sûreté

تاريخ انتهاء الصلاحية / Date d'expiration :

07 - 06 - 2017



POCOMAL<KHAMIRI<<ABDULAZIZ<MOHAMMAD<SHARIF<<
8BC1646460COM6408011M17060774000742<<<<<<<74