

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 #: **3301** Phase/Tower: **TWO** Plan No.:

Street: in the of

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

Sales Representative: **Alen V.**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | Feras Jamil M. Salameh |
| 2. Address: | 1825 SEVENOAKS DR,
MISSISSAUGA, ONTARIO, L5K 2N3 |
| 3. Date of Birth: | April 02, 1963 |
| 4. Principal Business or Occupation: | <u>Businessman</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | <u>S02332605630402</u> |
| 7. Issuing Jurisdiction: | <u>CNT</u> |
| 8. Document Expiry Date (must not be expired): | <u>2014/7/7</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: | _____ |
| 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: | _____ |



Government
of Canada

Gouvernement
du Canada

SOCIAL

INSURANCE

NUMBER

NUMÉRO

D'ASSURANCE

SOCIALE

565 497 153

FERAS SALAMEH



Driver's Licence
Permis de conduire

ON
CANADA



SALAMEH,

FERAS, JAMAL M

1825 SEVENOAKS DRIVE

MISSISSAUGA, ON, L5K 2N3

S0233 - 26056 - 30402

2011/08/02

CC2575498

2014/07/07

176 cm

M

G

X

3 POSITION 18634704702

0259522

ServiceOntario.ca

CC2575498

1-800-387-5683
1-800-387-5683

Information: 1-800-387-5683
Hours: 9am - 5pm, 7 days a week
Access: 24 hours a day, 7 days a week
Cost: No charge for the service
or dependent on the service

1-800-387-5683
or dependent on the service



WORKSHEET- PSV 2 (BLOCK 7)

SALE DATE: June 9, 2012 IN2ITION REP: 32
TOWER: SUITE: 3301 RESIDENTIAL UNIT: LEVEL: 3301 PLPN: Lush

PROMOTION NAME: PSV 2 - LAUNCH TO PRESIDENTS CLUB MEMBERS - JUNE 9TH - 28TH, 2012

CO-OP AGENT:

NO YES
☐ ☐

GEN: ☐
VIP: ☐
PC: ☐

AGENT'S NAME:

Omar Shaakh

AGENT'S BROKERAGE:

[Signature]

PURCHASE PRICE: \$ 322,900 in Canadian Dollars

CHEQUES

Dep.	Structure:
1 st	\$2,000 with Agreement
2 nd	Balance to 5% in 30 days
3 rd	5% in 180 days
4 th	5% in 365 days
5 th	Total to 20% on Occupanc

SPECIAL I

\$5,000.00 Cash Back, Window C

*Pirassalaneh @
ymail.com*

(647) 998-3199

Capping

PURCHASER #1

Feras Salan
First, Middle & Last Name

Date of Birth: (M/D/Y)

S.I.N #

Date of Birth: (M/D/Y)

S.I.N #

Driver's Licence # & Expiry Date

Driver's Licence # & Expiry Date

Address Suite #

Address Suite #

City/Province Postal Code

City/Province Postal Code

Phone: Day Time Phone: Night Time

Phone: Day Time Phone: Night Time

Email

Email

PURCHASER'S SOLICITOR

Solicitor's Name

Firm

Address

Suite No.

City

Postal Code

Phone Number

Fax Number

Email

PURCHASER PROFILE: to be completed by an In2ition agent/sign-up person

Did you register through the Web?

End User or Investor?

How did you hear about us?

Profession:

How many dependents are living with you?

Dependents Ages:

Marital Status:

LIFE ATPARKSIDE.COM

Exclusive Brokerage:

in2ition
IN2ITION REALTY BROKERAGE

AMACON

LIVE WELL

PARKS
VILL

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

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given

By Feras Salameh of the City of _____, _____.

APPOINTMENT

1. **I APPOINT Omar Shaath** of the City of Mississauga 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 Simon Mahdessian**, of City of Mississauga, 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 of the *Substitute Decisions Act*.

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 the property at Park Side Village – Tower Two, Suite _____, Unit _____, Level _____, Floor Plan Lush.

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 him pursuant to this power of attorney for property.

Executed at the City of Mississauga, Ont., this 03 day of June, 2012, in the presence of both witnesses, each present at the same time.

Jamil
Witness

Jamil Salameh,
Print name and address

Mississauga, Ont.

Y. Salameh
Witness

Yazan Salameh,
Print name and address

Mississauga, Ont.

Feras Salameh