

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 #: **2406** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **January 09, 2013**

Sales Representative: **ANTHONY SUNJKA**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | FAISAL IBRAHIM SHARIF |
| 2. Address: | 4080 LIVING ARTS DR.Apt 2802,
MISSISSAUGA, ONTARIO, L5B 4N3 |
| 3. Date of Birth: | April 07, 1955 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>S3223-25845-50407</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: | ENGINEER |
| 5. Incorporation number and place of issue (corporations/other entities only) | _____ |
| 6. Relationship between third party and client: | _____ |



Driver's Licence
Permis de conduire

ON
CANADA



3 DOB/DON 1985/04/07

12 NAME/ NOM
SHARIF,
FAISAL IBRAHIM
4080 LIVING ARTS DR U2802
MISSISSAUGA, ON, L6B 4N3

41 NUMBER/ NUMERO S3223 - 25845 - 50407

44 ISS/DEL 2010/07/02 45 EXPI/EXP 2015/06/30

46 DOB REF AT1186555 47 HGT/HAUT 179 cm

48 SEX/SEXE M

49 CLASS/ CATEG G1

50 RES/ COND X

51 *6043208*

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1955/04/07