

**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 #: **605**    Phase/Tower: **ONE**    Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **April 17, 2012**

Sales Representative: **Ivana Cosic**

---

**Verification of Individual**

- |                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| 1. Full Legal Name of Individual:               | <b>RUBINAH BIBI AISSA ADAMJEE</b>                      |
| 2. Address:                                     | <b>951 MCDUFFE CRES.,<br/>MILTON, ONTARIO, L9T 6M8</b> |
| 3. Date of Birth:                               | <b>November 26, 1964</b>                               |
| 4. Principal Business or Occupation:            | <u>Insurance Professional</u>                          |
| 5. Identification Document (must see original): | _____                                                  |
| 6. Document Identification Number:              | <u><b>A17896761646126</b></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:                               | _____ |

**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 #: **605**    Phase/Tower: **ONE**    Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **April 17, 2012**

Sales Representative: **Ivana Cosic**

---

**Verification of Individual**

- |                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| 1. Full Legal Name of Individual:               | <b>FAKHRUDDIN ADAMJEE</b>                              |
| 2. Address:                                     | <b>951 MCDUFFE CRES.,<br/>MILTON, ONTARIO, L9T 6M8</b> |
| 3. Date of Birth:                               | <b>January 30, 1963</b>                                |
| 4. Principal Business or Occupation:            | <u>Travel business</u>                                 |
| 5. Identification Document (must see original): | _____                                                  |
| 6. Document Identification Number:              | <u><b>A17892590630130</b></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:                               | _____ |