

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

Street: in the **City of Mississauga**

Date of Offer: **January 14, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | KHALED JAMAL ABDELJHANY ABOUHAZIMA |
| 2. Address: | 2325 HURONTARIO STREET Apt 614,
MISSISSAUGA, ONTARIO, L5A 4K4 |
| 3. Date of Birth: | November 09, 1968 |
| 4. Principal Business or Occupation: | <u>Wine/Beverage</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence - Temp</u> |
| 6. Document Identification Number: | <u>A1059-434568-1109</u> |
| 7. Issuing Jurisdiction: | <u>Ontario</u> |
| 8. Document Expiry Date (must not be expired): | <u>2014.04.13</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: | _____ |



CONFIRMATION OF PERMANENT RESIDENCE

Family name: ABOUHAZIMA
Given name(s): KHALED JAMAL ABDELJHANY
Date of birth: 1968/11/09
Sex: MALE
Citizenship: STATELESS
Document no.: T600429935



UCI: 63175383



App. no.: E000013982

PERSONAL DETAILS - PA

Marital status: MARRIED
Height (cm): 179 CM
Last entry at:
Became P.R. at: 3273

Place of birth: SALMIYAH
Eye color: HAZEL
Last entry date:
Became P.R. on: 04 JAN 2014

COB: KUWAIT
COR: KUWAIT
Orig. entry date:
Undertaking (mos):

Travel doc. no.: P00027246
Country of issue: EGYPT

Expiry date: 2018/03/15

APPLICATION DETAILS

Issued at: LONDON
Category: SW1
Special program: MI2
CSQ no.:

Issued date: 2013/09/04
Prov. of dest.: ON
Trans. loan no.:
HRSDC no.:

Valid to: 2014/01/24
City of dest.: TORONTO
Flight no.: 141
PNC:

Conditions:

00: NONE

Have you ever been charged/convicted of a crime or offence; refused admission to Canada or required to leave Canada? NO

MEDICAL DETAILS

IME no.: 10785696

Surveillance code: 1

Valid to: 2014/01/24

SPONSOR INFORMATION

UCI: N/A
DOB: N/A
Address: N/A

Name: N/A
Relationship: N/A

DEPENDANT(S) INFORMATION

Have you any dependants other than those listed below?

UCI: 63175168 TAHTAMOUNI, SONA FAYED SOUD DOB 1978/10/30 SPOUSE - ACCOMPANYING ✓
UCI: 89657997 ABOUHAZIMA, SARA KHALED JAMAL ABDE DOB 2011/04/04 CHILD - ACCOMPANYING ✓
UCI: 63175169 ABOUHAZIMA, YARA KHALED JAMAL ABDE DOB 2009/01/06 CHILD - ACCOMPANYING ✓

REMARKS

Immigration Officer: [Signature]

2014-01-04
Date (YYYY/MM/DD)

I hereby certify that the above statements are true and correct and that I fully understand the conditions imposed.

[Signature]
ABOUHAZIMA
KHALED JAMAL ABDELJHANY

2014-01-04
Date (YYYY/MM/DD)