

**INDIVIDUAL IDENTIFICATION INFORMATION RECORD**  
Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

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Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **1111** Phase/Tower: **ONE** Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **March 03, 2012**

Sales Representative: **BRITTNEY**

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**Verification of Individual**

1. Full Legal Name of Individual: **KARIM MAHER**
2. Address: **1809-265 ENFIELD PL,  
MISSISSAUGA, ONTARIO, L5B 3Y7**
3. Date of Birth: **October 09, 1985**
4. Principal Business or Occupation: \_\_\_\_\_
5. Identification Document (must see original): \_\_\_\_\_
6. Document Identification Number: **M06124258851009**
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.

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**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: \_\_\_\_\_

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>RAMI MAHER</b>   |
| 2. Address:                                     | <b>1809-265 ENFIELD PL,<br/>MISSISSAUGA, ONTARIO, L5B 3Y7</b> |
| 3. Date of Birth:                               | <b>October 09, 1985</b>                                       |
| 4. Principal Business or Occupation:            | <u>Accountant</u>   |
| 5. Identification Document (must see original): | _____   |
| 6. Document Identification Number:              | <b><u>M01626398851009</u></b>                                 |
| 7. Issuing Jurisdiction:                        | _____   |
| 8. Document Expiry Date (must not be expired):  | _____   |

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|---|-------|
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| 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:                               | _____ |