

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 #: **1606** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **February 25, 2012**

Sales Representative:

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | ABIR ABDUL ZAYANI |
| 2. Address: | 325 WEBB DRIVE Apt 1403,
MISSISSAUGA, ONTARIO, L5B 3Z9 |
| 3. Date of Birth: | July 25, 1974 |
| 4. Principal Business or Occupation: | <u>Secretary</u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>Z09530041745725</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: | _____ |

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Sales Representative:

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | MOUNIR AGHA |
| 2. Address: | 325 WEBB DRIVE Apt 1403,
MISSISSAUGA, ONTARIO, L5B 3Z9 |
| 3. Date of Birth: | April 26, 1957 |
| 4. Principal Business or Occupation: | <u>Doctor</u> |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>Z09530041745725</u> |
| 7. Issuing Jurisdiction: | _____ |
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| 1. Name of third Party: | _____ |
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Feb 25 2012
Suite 1606 

Fouad Dib.

 Ontario Driver's Licence / Permis de conduire ON CANADA



1,2 NAME/ NOM
AGHA,
MOUNIR

3 ADDRESS
1403-325 WEBB DRIVE
MISSISSAUGA, ON, L5B 3Z9

4d NUMBER/
NUMERO **A3084 - 56805 - 70426**

4a ISS/DEL **2011/10/18** 4b EXP/EXP. **2014/04/26**


5 DO/REF **CE2789806** 16 HGT/HAUT **173 cm**


15 SEX/SEXE **M**

9 CLASS/
CATEG **G**

12 REST/
COND **X**

1 DOB/ODN **1957/04/26** *1188645*

 Ontario Driver's Licence / Permis de conduire ON CANADA



1,2 NAME/ NOM
ZAYANI,
ABIR, ABDUL

3 ADDRESS
325 WEBB DR UN1403
MISSISSAUGA, ON, L5B 3Z9

4d NUMBER/
NUMERO **Z0953 - 00417 - 45725**

4a ISS/DEL **2011/06/03** 4b EXP/EXP. **2014/07/25**

5 DO/REF **CA5945371** 16 HGT/HAUT **167 cm**

15 SEX/SEXE **F**

9 CLASS/
CATEG **G**

12 REST/
COND **X**

1 DOB/ODN **1974/07/25** *9595578*

Feb 25 2012
Suite 1606 *FN*

Fouad L

