

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

Street: in the of

Date of Offer: **February 08, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | RAZIABI IMDAD ALI |
| 2. Address: | 5040 WARWICK SHIRE WAY,
MISSISSAUGA, ONTARIO, L5V 1R6 |
| 3. Date of Birth: | March 01, 1965 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | <u>PERMANENT RESIDENT CARD</u> |
| 6. Document Identification Number: | <u>(PR CARD) 5739-5792</u> |
| 7. Issuing Jurisdiction: | <u>CANADA</u> |
| 8. Document Expiry Date (must not be expired): | <u>NOV 1, 2015</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: | _____ |

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Verification of Individual

1. Full Legal Name of Individual: **IMDAD ALI ABDU RAZAK**
2. Address: **5040 WARWICK SHIRE WAY,
MISSISSAUGA, ONTARIO, L5V 1R6**
3. Date of Birth: **June 20, 1959**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): DRIVER'S LICENCE
6. Document Identification Number: **A1017-36115-90620**
7. Issuing Jurisdiction: ONTARIO
8. Document Expiry Date (must not be expired): JUL 27, 2017

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