

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 #: **4903** Phase/Tower: **ONE** Plan No.:

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

Date of Offer: **March 19, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | HESHAM B,O EL-MADAH |
| 2. Address: | 385 PRINCE OF WALES DRIVE Apt 1901,
MISSISSAUGA, ONTARIO, L5B 0C6 |
| 3. Date of Birth: | December 23, 1974 |
| 4. Principal Business or Occupation: | <u>Medical Doctor</u> |
| 5. Identification Document (must see original): | <u>Driver's licence</u> |
| 6. Document Identification Number: | <u>E5484-32817-41223</u> |
| 7. Issuing Jurisdiction: | <u>Ont</u> |
| 8. Document Expiry Date (must not be expired): | <u>2018/12/23</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: | _____ |

PSV-4903 (PH/3)

15 Mar 2018

Paul

Ontario Driver's Licence / Permis de conduire **ON CANADA**

1,2 NAME / NOM
EL-MADDAH,
HESHAM B.O

8 1901-385 PRINCE OF WALES DR
MISSISSAUGA, ON, L5B 0C6

4d NUMBER /
NUMERO **E5484 - 32817 - 41223**

4a ISS / DEL 2015/02/17 **4b EXP / EXP** 2018/12/23

5 DO / REF DC5427621 **16 HGT / HAUT** 163 cm

9 CLASS /
CATEG **G**

12 REST /
COND

3 DOB / DN 1974/12/23

Elmadhah Hesham

PSV-4903-32817-41223
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