

**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 #: **1720**    Phase/Tower: **9 South**    Plan No.:

Street: **4055-4085 Parkside Village Drive in the City of Mississauga**

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

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>KHALED BOUTARI</b>                                     |
| 2. Address:                                     | <b>105 DUNBAR ROAD,<br/>MISSISSAUGA, ONTARIO, L5B 1G5</b> |
| 3. Date of Birth:                               | <b>April 13, 1988</b>                                     |
| 4. Principal Business or Occupation:            | <u>Guest Services</u>                                     |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                   |
| 6. Document Identification Number:              | <b><u>B6834-43408-80413</u></b>                           |
| 7. Issuing Jurisdiction:                        | <u>Ontario</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2017/04/13</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.

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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.

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

Government of Canada / Gouvernement du Canada

SOCIAL INSURANCE NUMBER / NUMÉRO D'ASSURANCE SOCIALE

551 534 779

KHALED BOUTARI

Ontario Driver's Licence / Permis de conduire ON CANADA

1,2 NAME / NOM: BOUTARI, KHALED

3 105 DUNBAR ROAD, MISSISSAUGA, ON, L5B 1G5

4,6 NUMBER / NUMÉRO: B6834 - 43408 - 80413

4a ISS/DEL: 2012/11/19 4b EXP/EXP: 2017/04/13

5 DO/REF: CL4824117 18 HGT/HAUT: 173 cm

9 SEX/SEXE: M

10 CLASS/CATÉG: B

12 REST/COND: Z

1 DOB/DOB: 1988/04/13 \*5470155\*

*April 19/15* *Alan Reid*

Government of Canada / Gouvernement du Canada

SOCIAL INSURANCE NUMBER / NUMÉRO D'ASSURANCE SOCIALE

552 883 779

TAHA BOUTARI

Ontario Driver's Licence / Permis de conduire ON CANADA

1,2 NAME / NOM: BOUTARI, TAHA

3 105 DUNBAR RD, MISSISSAUGA, ON, L5B 1G5

4,6 NUMBER / NUMÉRO: B6834 - 73209 - 40407

4a ISS/DEL: 2012/04/18 4b EXP/EXP: 2018/03/30

5 DO/REF: CH0432321 18 HGT/HAUT: 173 cm

9 SEX/SEXE: M

10 CLASS/CATÉG: G2

12 REST/COND: X

1 DOB/DOB: 1984/04/07 \*3028255\*

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