

**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 #: **2510**    Phase/Tower: **ONE**    Plan No.:

Street: in the **City of Mississauga**

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

Sales Representative: **Richmond**

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**Verification of Individual**

- |                                                 |                                                                   |
|-------------------------------------------------|-------------------------------------------------------------------|
| 1. Full Legal Name of Individual:               | <b>Imad Alchaiah</b>                                              |
| 2. Address:                                     | <b>285 ENFIELD PL Apt 1704,<br/>MISSISSAUGA, ONTARIO, L5B 3Y6</b> |
| 3. Date of Birth:                               | <b>August 15, 1962</b>                                            |
| 4. Principal Business or Occupation:            | _____                                                             |
| 5. Identification Document (must see original): | _____                                                             |
| 6. Document Identification Number:              | <b><u>A5178-36106-20815</u></b>                                   |
| 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.

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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:                               | _____ |



Ontario

Driver's Licence  
Permis de conduire

ON  
CANADA



1,2 NAME/ NOM

ALCHAIH,  
IMAD

3 1704-285 ENFIELD PLACE  
MISSISSAUGA, ON, L5B 3Y6

4d NUMBER/  
NUMERO

A5178 - 36106 - 20815

4a ISS/ DEL

2011/07/12

4b EXP/ EXP

2012/08/15

6 DD/ REF

CC0296913

16 HGT/ HAUT

177 cm

15 SEX/ SEXE

M

9 CLASS/  
CATEG

G

12 REST/  
COND

3 DOB/ DDM

1962/08/15

\*0015181\*

**SIN - 531218360**