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 #: 2706 Phase/Tower: ONE Plan No.:	
Street: in the City of Mississauga	
Date of Offer: February 26, 2012	
Sales Representative: Ivana Cosic	
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Verification of Individual	
1. Full Legal Name of Individual:	Cahza Khalil
2. Address:	133 FAIRVIEW RD. W, MISSISSAUGA, ONTARIO, L5B 1K7
3. Date of Birth:	February 08, 1968
4. Principal Business or Occupation:	DRIVER'S LICENCE
5. Identification Document (must see original):	DRIVER'S LICENCE
6. Document Identification Number:	<u>K31591226685208</u>
7. Issuing Jurisdiction:	ONTARIO
8. Document Expiry Date (must not be expired):	2013-02-08
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:	





ENDORSEMENTS AND LIMITATIONS This passport is valid for all countries unless otherwise to any visa or other entry regulations of countries to be



(Signature of bearer - Signature du titulaire)

PASSPORT

PASSEPORT

P Surname/Nom

Type/Type Issuing Country/Pays emetteur Passport No./N° de passeport CAN

CANADA

QE424608



KHALIL Given names/Pr

CHAZA

CANADIAN/CANADIENNE

08 FEB /FEV 68
Sex/Sexe Place of birth/Lieu de n

AHMADI KWT

Date of issue/Date de délivrand

16 DEC / DEC

Date of expiry/Date d'expiration 11 MISSISSAUGA

16 DEC /DEC

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Feb 25 2012 Suite 2700 omar Shaatn & Smon mandsslan