

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

Street: in the **City of Mississauga**

Date of Offer: **September 15, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | IYAD ALHABBASH |
| 2. Address: | 2487 CONFERDERATION PARKWAY,
MISSISSAUGA, ONTARIO, L5B 1T7 |
| 3. Date of Birth: | September 15, 1973 |
| 4. Principal Business or Occupation: | <u>Marketing Saks</u> |
| 5. Identification Document (must see original): | <u>Passport</u> |
| 6. Document Identification Number: | <u>PASSPORT WG015253</u> |
| 7. Issuing Jurisdiction: | <u>Canada</u> |
| 8. Document Expiry Date (must not be expired): | <u>Dec 21st 2014</u> |

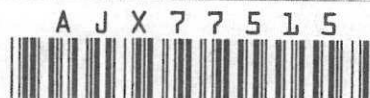
NOTE: This section must be completed for each purchaser. If the individual refuses to provide information must make a record of same detailing what efforts were made to get such information.

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: | _____ |



MENTIONS ET RESTRICTIONS

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Ce passeport est valable pour tous les pays, sauf indication contraire.
(Le titulaire doit également se conformer aux formalités d'entrées des pays où il a l'intention de se rendre.)

(Signature of bearer - Signature du titulaire)



PASSPORT
PASSEPORT

CANADA

Type/Type Issuing Country/Pays émetteur

P CAN

Surname/Nom

ALHABBASH

Given names/Prénoms

IYAD

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

15 SEPT/SEPT 73

Sex/Sexe Place of birth/Lieu de naissance

M

ALRUSIFAH JOR

Date of issue/Date de délivrance

Issuing Authority/Autorité de délivrance

21 DEC /DÉC 09 SURREY

Date of expiry/Date d'expiration

21 DEC / DEC 14

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