

**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 #: **2807**    Phase/Tower: **TWO**    Plan No.:

Street: in the City of **Mississauga**

Date of Offer: **April 20, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

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|---|---|
| 1. Full Legal Name of Individual:               | <b>SUHAIL ALRAYYES</b>  |
| 2. Address:                                     | <b>2460 PRINCE MICHAEL DRIVE Apt 21,<br/>OAKVILLE, ONTARIO, L6H 0G8</b> |
| 3. Date of Birth:                               | <b>February 19, 1958</b>  |
| 4. Principal Business or Occupation:            | <u>Business man in construction field</u>                               |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>   |
| 6. Document Identification Number:              | <u><b>A5593-72605-80219</b></u>   |
| 7. Issuing Jurisdiction:                        | <u>ON</u>   |
| 8. Document Expiry Date (must not be expired):  | <u>02/19/2018</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:                               | _____ |

PSV 2 # 2807

B/and

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

12 NAME / NOM: ALRAYYES, ARAB  
13 21-2460 PRINCE MICHAEL DR  
OAKVILLE, ON, L6H 0G8  
14 NUMBER / NUMERO: A5593 - 05506 - 95213  
15 ISS / DEL: 2012/08/21 4b EXP / EXP: 2017/02/13  
16 HGT / HAUT: 180 cm  
17 DOB / DNB: 1969/02/13 \*4459780\*

18 SEX / SEXE: F  
19 CLASS / CLASSE: G  
20 CATEG: X  
21 REST / RES: X  
22 COND: \*

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

12 NAME / NOM: ALRAYYES, SUHAIL  
13 21-2460 PRINCE MICHAEL DR  
OAKVILLE, ON, L6H 0G8  
14 NUMBER / NUMERO: A5593 - 72605 - 80219  
15 ISS / DEL: 2012/09/04 4b EXP / EXP: 2018/02/19  
16 HGT / HAUT: 172 cm  
17 DOB / DNB: 1958/02/19 \*4610824\*

18 SEX / SEXE: M  
19 CLASS / CLASSE: G  
20 CATEG: G  
21 REST / RES: G  
22 COND: \*