

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

Street: in the City of **Mississauga**

Date of Offer: **April 30, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | HAAJARAH AHMED |
| 2. Address: | 2113 VALIN STREET,
ORLEANS, ONTARIO, K4A 4T5 |
| 3. Date of Birth: | May 04, 1992 |
| 4. Principal Business or Occupation: | <u>Public Service Employee.</u> |
| 5. Identification Document (must see original): | <u>Driver's Licence</u> |
| 6. Document Identification Number: | <u>A3561-31109-25504</u> |
| 7. Issuing Jurisdiction: | <u>ON</u> |
| 8. Document Expiry Date (must not be expired): | <u>2017/05/22.</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: | _____ |

Ontario Driver's Licence / Permis de conduire ON CANADA

1,2 NAME/ NOM
AHMED,
HAAJARAH

3 2113 VALIN ST
ORLEANS, ON, K4A 4T5

4d NUMBER/
NUMERO A3561 - 31109 - 25504

4a ISS/DEL 2014/07/23 4b EXP/EXP 2017/05/22

5 DD/REF CZ1710976 16 HGT/HAUT. 160 cm

15 SEX/SEXE F

9 CLASS/ CATEG. G2

12 REST/ COND. X

19 DOB/ODN 1992/05/04

HAAJARAH

10561 31109 25504
1992 05/04

Received by Anika

April 29/15