

**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 #: **1712**    Phase/Tower: **9 South**    Plan No.:

Street: **4055-4085 Parkside Village Drive** in the City of **Mississauga**

Date of Offer: **May 16, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |  |
|---|--|
| 1. Full Legal Name of Individual:               | <b>IYAD AZZOUNI</b>  |
| 2. Address:                                     | <b>2487 CONFEDERATION PARKWAY,<br/>MISSISSAUGA, ONTARIO, L5B 1S1</b> |
| 3. Date of Birth:                               | <b>March 16, 1968</b>  |
| 4. Principal Business or Occupation:            | <u>DENTIST</u>   |
| 5. Identification Document (must see original): | <u>PASSPORT</u>  |
| 6. Document Identification Number:              | <u><b>QE401697</b></u>   |
| 7. Issuing Jurisdiction:                        | <u>CANADA</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>Nov 1, 2016</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.

- |   |       |
|---|-------|
| 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

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

(Signature of bearer - Signature du titulaire)

## CANADA


Date of expiry/Date d'expiration  
01 NOV / NOV 16

P<CANAZZOUNI<<IYAD<<<<<<<<<<<<<<<<<<<<<<<<<<<<  
QE401697<1CAN6803166M1611014<<<<<<<<<<<<<<<O8


CAN  
NL

Newfoundland and Labrador  
Terre-Neuve-et-Labrador

DRIVER LICENCE/PERMIS DE CONDUIRE



4a No/N° **A680316031**  
4b Exp **2016/03/16**      4a155/Dei **2010/08/30**  
9 Class/Classe 9a End/Mention  
**05**      **NONE**  
12 Rest/Cond **NONE**  
3 DOB/IDN **1968/03/16**      11 Sex/Sexe **M**  
18 Eyes/Yeux **BRO**      16 Hgt/Taille **167 cm**  
First Licence/Perm Permis **2005/08**  
1 AZZOUNI  
2 IYAD



841 MACPHERSON AVE  
CORNER BROOK NL A2H 6Z4

© DOR et NL20100830140519680316

## **CONTINUING POWER OF ATTORNEY FOR PROPERTY (SHORT FORM)**

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given

by Iyad Azzouni  
[Grantor]

of the City of Mississauga, in the Province of Ontario

### **APPOINTMENT**

1. I APPOINT my agent, Omar Shaethy

to be my attorney(s) for property, and I authorize my attorney(s) to do, on my behalf, any and all acts, which I could do if capable, except make a will, subject to any conditions and restrictions contained herein. My attorney(s) shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in any court proceeding. All decisions to be made by my attorneys pursuant to this Power of Attorney shall be made by majority vote as between them.

### **SUBSTITUTION**

2. If the above appointed attorney(s) refuse(s) to act, or is or are unable to act by reason of death, court removal, becoming incapable of managing property or resignation,

I SUBSTITUTE AND APPOINT my \_\_\_\_\_,

to act as my attorney(s) for my property, in the place of any attorney(s) appointed in paragraph 1 hereof who refuse(s) or is or are unable to act. The substituted attorney(s) shall, if able and willing to act, thereafter be my attorney(s) for property, together with any attorney appointed in paragraph 1 hereof who is able and willing to act and I authorize him, her or them thereafter to do, on my behalf, any and all acts which I could do, if capable, except make a will, subject to any conditions and restrictions contained herein. All decisions to be made by my substitute attorneys pursuant to this Power of Attorney shall be made by majority vote as between them.

**CONTINUING POWER**

3. This is a continuing power of attorney. It is my intention and I so authorize my attorney(s) that the authority given in this continuing power of attorney may be exercised during any incapacity on my part to manage my property, pursuant to section 7 of the *Substitute Decisions Act*.

**FAMILY LAW ACT CONSENT**

4. If my spouse disposes of or encumbers any interest in a matrimonial home in which I have a right to possession under Part II of the *Family Law Act*, I authorize the attorney(s) named in this power of attorney for me and in my name to consent to the transaction as provided for in clause 21(1)(a) of the said Act.

**CONDITIONS AND RESTRICTIONS**

5. None.

-or-

6. This power of attorney is limited to making decisions, taking actions and executing any documents as may be necessary with respect to the property located at  
1712 - Block 9, South Tower

**EFFECTIVE DATE**

7. This continuing power of attorney for property comes into effect upon the date hereof.

**REVOCATION**

8. Any prior power of attorney for property or any power of attorney which affects my property given by me, except a power of attorney given to a bank or financial institution for the purpose of transacting my business with that bank or financial institution, is hereby revoked.

**COMPENSATION**

9. I authorize my attorney(s) and my attorney(s) has or have agreed to accept no compensation for any work done by him, her or them pursuant to this power of attorney for property.

Executed at Toronto this 16 day of May, 2015 in the presence of both witnesses, each present at the same time.

Falestin  
\_\_\_\_\_  
Witness #1

Address:

Reba Azzouni  
\_\_\_\_\_  
Witness #2

Address:

[Signature]  
\_\_\_\_\_  
Grantor