

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 #: **1118** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **July 06, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | NORA ALPARK |
| 2. Address: | 193 CHERRYHURST ROAD,
OAKVILLE, ONTARIO, L6M 0V9 |
| 3. Date of Birth: | January 06, 1978 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>A5586-59607-85106</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

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
ALPARK,
NORA
193 CHERRYHURST RD
OAKVILLE, ON, L6M 0V9

4d NUMBER/
NUMERO A5586 - 59607 - 85106 L

4a ISS/ DEL 2015/02/09 4b EXP/ EXP 2020/02/06

5 DO/ REF DC4812507 16 HGT/ HAUT 165 cm

15 SEX/ SEXE F

9 CLASS/
CATEG G

12 REST/
COND X

3 DOB/ DON 1978/01/06

Nora Alpark

Received by *Alp*
July 6/15

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Date of Offer: **July 06, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|---|
| 1. Full Legal Name of Individual: | HANI FAREKH |
| 2. Address: | 193 CHERRYHURST ROAD,
OAKVILLE, ONTARIO, L6M 0V9 |
| 3. Date of Birth: | April 25, 1973 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>F0574-31207-30425</u> |
| 7. Issuing Jurisdiction: | _____ |
| 8. Document Expiry Date (must not be expired): | _____ |

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Ontario Driver's Licence Permis de conduire ON CANADA

1,2 NAME/ NOM
FAREKH,
HANI

5 193 CHERRYHURST RD
OAKVILLE, ON, L6M 0V9

4d NUMBER/
NUMERO F0574 - 31207 - 30425

4e ISS/DEL 2015/02/03 4b EXP/EXP 2020/02/02

6 DO/REF DC4999699 16 HGT/HAUT. 180 cm

15 SEX/SEXE M

9 CLASS/
CATÉG. G

12 REST/
COND.

3 DOB/ODN 1973/04/25

Signature: Hani FAREKH

Security features: Hologram, Microprint, and a small portrait photo.

Received by Anise
July 6/15