

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 #: **1420** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **May 26, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | THAMER ABDULMOHSIN NAYYEF AL-JARYAN |
| 2. Address: | 6304 MCCRACKEN DRIVE,
MISSISSAUGA, ONTARIO, L5V 1X8 |
| 3. Date of Birth: | July 01, 1941 |
| 4. Principal Business or Occupation: | <u>Retired</u> |
| 5. Identification Document (must see original): | <u>Passport</u> |
| 6. Document Identification Number: | <u>PASSPORT No. A9246297</u> |
| 7. Issuing Jurisdiction: | <u>Iraq</u> |
| 8. Document Expiry Date (must not be expired): | <u>2022/11/17</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: | _____ |

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الاقرباء للرجوع اليهم عند الحاجة
خضمان، بر پيرومدى كرين له كليلان، نه كر پيرومدى كرين
RELATIVES TO CONTACT WHEN NEEDED

NAME

الاسم / نام

RELATIONSHIP

صلة القرابة / پندى خدامدى

ADDRESS

العنوان / تالويعشان

TEL.

تلفون / تالافون

NAME

الاسم / نام

RELATIONSHIP

صلة القرابة / پندى خدامدى

ADDRESS

العنوان / تالويعشان

TEL.

تلفون / تالافون

توقيع حامل الجواز
نيمزاي هه لگري پاسپورت
SIGNATURE OF PASSPORT HOLDER

REPUBLIC OF IRAQ
Passport



Type / النوع
P

Full Name
THAMER ABDULMOHSIN NAYYEF

Surname
AL-JARYAN

Sex
M / ذكر

Mother Name
FATIMAH SALMAN

Date of Expiry
2022-11-17



Country
IRQ



Nationality / الجنسية
IRAQI / عراقي

Date of Birth
1941-07-01

Date of Issue
2014-11-19

جمهورية العراق / كۆمارى عىراق
جواز سفر / پاسپورت

Passport / رقم الجواز / الامدادى پاسپورت
A9246297

الاسم التامى / تالويعشان
ثامر عبدالمحسن نايف

اللقب / تالويعشان
الجريان

Place of Birth
العراق - بابل
IRQ

اسم الام / تالويعشان
فاطمة سلمان

Issuing Authority
بغداد / BAGHDAD



P<IRQAL<JARYAN<<THAMER<ABDULMOHSIN<NAYYEF<<<<
A9246297<1IRQ4107011M2211178<<<<<<<<<<<<<<<<08