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 #: 1521 Phase/Tower: 9 South Pla				
Street: 4055-4085 Parkside Village Drive in the City of Mississauga				
Date of Offer: August 24, 2015				
Sales Representative: In2ition Realty				
Verification of Individual				
1. Full Legal Name of Individual:	HIBA FANSA			
2. Address:	1422 MALIBOU MISSISSAUGA,	TERR, ONTARIO, L5J 4B8		
3. Date of Birth:	July 04, 1966			
4. Principal Business or Occupation:	House	cerco		
5. Identification Document (must see original):	_ lan	wdo		
6. Document Identification Number:	PASSPORT No. E	3A743208		
7. Issuing Jurisdiction:	Cle	rrado		
8. Document Expiry Date (must not be expired):	22	Areg /Z-		
NOTE: This section must be completed for each pur	idual refuses to provide information must make a			
record of same detailing what efforts were made to get such information.				
Acceptable Identification Documents: birth certificate card, old age security card, certificate of Indian Statution (Indian Statution).	bugh SIN numbers are NOT to be provided to			
FINTRAC). If the identification is from a foreign jurisdiction should be Provincial health card NOT an acceptable form of identification.		equivalent to one of the above noted documents.		
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:	-			

Lot No./Suite:1521 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE

PASSPORT

PASSEPORT

CANADA

Type/Type Issuin

CAN

Issuing Country/Pays émetteur

BA743208

FANSA

Surname/Nom

Given names/Prénoms

HIBA

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

04 JULY/JUIL 66

Sex/Sexe F

Place of birth/Lieu de naissance

ALEP SYR

Issuing Authority/Autorité de d Date of issue/Date de délivrance

12 MONTREAL 22 AUG /AOOT

Date of expiry/Date d'expiration

22 AUG / AOOT 1

H. Jana.

INFANSA<<HIBA<<<<<<<<

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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 #: 1521 Phase/Tower: 9 South Plan No.:			
Street: 4055-4085 Parkside Village Drive in the City of Mississauga			
Date of Offer: August 24, 2015			
Sales Representative: In2ition Realty			
Verifica	tion of Individual		
1. Full	Legal Name of Individual:	MOHAMED FO	UAD AL YAFI
2. Addr	ess:	1422 MALIBOU MISSISSAUGA,	TERR, ONTARIO, L5J 4B8
3. Date	of Birth:	July 12, 1956	
4. Princ	ipal Business or Occupation:	med	Doctor
5. Ident	ification Document (must see original):	Pass	DONE
6. Docu	ment Identification Number:	PASSPORT No. E	A743207
7. Issuir	ng Jurisdiction:	- Cap	vada
8. Docu	ment Expiry Date (must not be expired):	221	Jug 17
NOTE: This section must be completed for each purchaser. If the individual record of same detailing what efforts were made to get such information.			idual refuses to provide information must make a
Acceptable Identification Documents: birth certificate, driver's licence, passport, record of landing, permanen card, old age security card, certificate of Indian Status or SIN card (although SIN numbers are NOT to be prov FINTRAC). If the identification is from a foreign jurisdiction should be equivalent to one of the above noted of Provincial health card NOT an acceptable form of identification.			ough SIN numbers are NOT to be provided to
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. Addre	ess:		
3. Date	of Birth:		
4. Princ	pal Business or Occupation:		
5. Incorporation number and place of issue (corporations/other entities of the corporation number and place of issue (corporations).		only)	
6. Relati	onship between third party and client:		

Lot No./Suite:1521 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE

PASSPORT

PASSEPORT

Type/Type

Issuing Country/Pays émetteur CAN

CANADA

Passport No./N° de passepor

BA743207

AL YAFI

Surname/Nom

Given names/Prénoms

MOHAMED FOUAD

Nationality/Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

12 JULY/JUIL 56

Sex/Sexe Place of bir

Place of birth/Lieu de naissance

ALEP SYR

Date of issue/Date de délivrance

22 AUG / AOÛT

Date of expiry/Date d'expiration 22 AUG / AOÛT

12 MONTREAL

Issuing Authority/Autorité de délivra

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