

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 #: **2312** Phase/Tower: **9 South** Plan No.:

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

Date of Offer: **May 27, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|-------------------------------------------------|------------------------------------------------------------|
| 1. Full Legal Name of Individual: | ANISA JASSIM ALAGHAKHANI |
| 2. Address: | 29 COOPERAGE STREET,
BRAMPTON, ONTARIO, L6Y 5J2 |
| 3. Date of Birth: | April 03, 1978 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>PASSPORT# 00955543</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: | _____ |

A 7x10 grid of dots forming the word 'WISDOM'. The word is written in a stylized, blocky font. The letters are composed of dots arranged in a way that they are easily recognizable. The grid is 7 rows high and 10 columns wide.

This Passport is valid for all countries
unless otherwise endorsed



Type النوع P
 Country code رمز البلد QAT
 Passport N° رقم الجواز 00955543

رمز البلد QAT
Passport N° 00955543
الاسم
أليسـه جاسـم محمـد سلـيمان الـاخـاخاتـي
رلم الجواز

Name
ANISA JASSIM M S ALAGHAKHANI
Date of birth
Personal N°
الرقم الشخصي

ALVIRA GARCIA
Date of birth 03 04 1978
لترج الميعة
Personal N° 27863403145
الرقم الشخصي

F **QATAR**

02 12 2010	لرابع الاصدار	Holder's signature	نوقيع حامل السوفور
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تاريخ الانتهاء 01 12 2015

P<QATALAGHAKHANI<<ANISA<JASSIM<M<S<<<<<<<<<
00955543<1QAT7804034F151201827863403145<<<16