

**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 #: **2519**    Phase/Tower: **9 South**    Plan No.:

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

Date of Offer: **July 25, 2015**

Sales Representative: **In2ition Realty**

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**Verification of Individual**

- |   |   |
|---|---|
| 1. Full Legal Name of Individual:               | <b>TAWFIQ ABDALLAH JIBRIL</b>                           |
| 2. Address:                                     | <b>23 SUNNYVALEGATE,<br/>BRAMPTON, ONTARIO, L6S 6J3</b> |
| 3. Date of Birth:                               | <b>August 18, 1968</b>                                  |
| 4. Principal Business or Occupation:            | <u>Welder</u>   |
| 5. Identification Document (must see original): | <u>Driver's Licence</u>                                 |
| 6. Document Identification Number:              | <b><u>J4051-73216-80818</u></b>                         |
| 7. Issuing Jurisdiction:                        | <u>Ont Ont</u>  |
| 8. Document Expiry Date (must not be expired):  | <u>2017/8/18</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.

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|---|-------|
| 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**



12 NAME/NO  
**JIBRIL  
TAWFIQ ABDALLAH**  
23 SUNNYVALE GATE  
BRAMPTON, ON, L6S 6J3

4d NUMBER/  
NUMERO  
**J4051 - 73216 - 80818**

4e ISS/DEL  
2014/08/20

4b EXP/EXP  
2017/08/18

5 DO/REF  
CZ6283611

15 SEX/SEXE  
M

9 CLASS/  
CATEG  
D

12 REST/  
COND  
ZX



3 DOB/DON  
1968/08/18



6 HGT/HAUT  
172 cm

BLK NINE 8514

8288,400