

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 #: **806** Phase/Tower: **ONE** Plan No.:

Street: in the **City of Mississauga**

Date of Offer: **May 23, 2015**

Sales Representative: **In2ition Realty**

Verification of Individual

- | | |
|---|--|
| 1. Full Legal Name of Individual: | SAOSAN ALMOHAMMED |
| 2. Address: | 5399 TREE CRES COURT,
MISSISSAUGA, ONTARIO, L5R 3Z6 |
| 3. Date of Birth: | August 02, 1969 |
| 4. Principal Business or Occupation: | _____ |
| 5. Identification Document (must see original): | _____ |
| 6. Document Identification Number: | <u>A5489-69106-95802</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: | _____ |

Gouvernement
du Canada

SOCIAL INSURANCE NUMBER	NUMÉRO D'ASSURANCE SOCIALE
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563 168 194

SAOSAN ALMOHAMMAD



Driver's Licence

Permis de conduire

ON
CANADA



1. NAME / NOM
ALMOHAMMAD,
SAOSAN

3. 5399 TREE CREST CRT
MISSISSAUGA, ON, L5R 3Z6

46. NUMBER /
NUMERO
A5489 - 69106 - 95802

48. ISS / DEL
2014/04/07

49. EXP / EXP.
2017/07/28

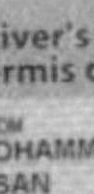
5. DOB / REF
CV9296346

15. HGT / HAUT.
170 cm

16. SEX / SEXE
F

9. CLASS /
CATEG
G

12. REST /
COND
1969/08/02



3. DOB / COND

ServiceOntario.ca	
	
CLASSE / CATÉGORIE	12 RESTRICTIONS / CONDITIONS
Autos / Voitures (max. 11,000 kg)	CV9296346
Autos / Voitures (max. 4,500 kg)	
Autos / Voitures, Remorques de véhicules	
Tracteurs (max. 11,000 kg), véhicules remorqués	
Autres / Autres (max. 4,500 kg)	
	
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