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 #: 501 Phase/Tower: TWO Pla | an No.: | |
| Street: in the City of Mississauga | | |
| Date of Offer: August 27, 2015 | | |
| Sales Representative: In2ition Realty | | |
| | | |
| Verification of Individual | | |
| 1. Full Legal Name of Individual: | MOHAMED SAHEL AL-REFAI | |
| 2. Address: | 45 AMARETTO COURT, VAUGHAN, ONTARIO, L4L 6N3 | |
| 3. Date of Birth: | December 09, 1957 | |
| 4. Principal Business or Occupation: | businessman | |
| 5. Identification Document (must see original): | Passport | |
| 6. Document Identification Number: | PASSPORT No. BA812133 | |
| 7. Issuing Jurisdiction: | Canada | |
| 8. Document Expiry Date (must not be expired): | 137une (Z | |
| 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: | | |

Lot No./Suite:501 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE

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 #: 501 Phase/Tower: TWO Pl | an No.: | |
| Street: in the City of Mississauga | | |
| Date of Offer: August 27, 2015 | | |
| Sales Representative: In2ition Realty | | |
| | | |
| Verification of Individual | | |
| 1. Full Legal Name of Individual: | AHMED MOHAMED AL-REFAI | |
| 2. Address: | 45 AMARETTO COURT, VAUGHAN, ONTARIO, L4L 6N3 | |
| 3. Date of Birth: | November 07, 1989 | |
| 4. Principal Business or Occupation: | ACCOUNT MANABER | |
| 5. Identification Document (must see original): | Passport | |
| 6. Document Identification Number: | PASSPORT No. JX710168 | |
| 7. Issuing Jurisdiction: | Canada | |
| 8. Document Expiry Date (must not be expired): | 2 April 17 | |
| 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: | | |

Lot No./Suite:501 Plan No.: Site:THE RESIDENCES AT PARKSIDE VILLAGE



CANADA

Issuing Country/Pays émetteur Passport No./N° de passeport

Type/Type

PASSEPORT PASSPORT



CAN AL-REFAI

AHMED MOHAMED Given names/Prénoms

CANADIAN/CANADIENNE

07 NOV / NOV 89 Sex/Sexe Place of birth/Lieu de naissance Date of birth/Date de naissanc

KUWAIT KWT Date of issue/Date de délivrance

02 APR /AVR Date of expiry/Date d'expiration 02 APR /AVR

P<CANAL<REFAI<<AHMED<MOHAMED<<<<<<<<<

JX710168<3CAN8911078M1704028<<<<<<<<08

MENTIONS ET RESTRICTIONS **ENDORSEMENTS AND LIMITATIONS**

(Signature of bearer - Signature du titulaire)

PASSPORT

PASSEPORT

Issuing Country/Pays emetteur

CANADA

Passport No./N° de passepo BA812133

CAN

AL - REFAI Given names/Prénoms Surname/Nom

CANADIAN/CANADIENNE MOHAMED SAHEL

Date of birth/Date de naissance

09 DEC /DEC 57
Sex/Sexe Place of birth/Lieu de naissance

HOMS SYR Date of issue/Date de délivrance

13 JUNE/JUIN 12 KUWAIT CITY 13 JUNE/JUIN 17 Date of expiry/Date d'expiration

P<CANAL<REFAI<<MOHAMED<SAHEL<<<<<<<<< BA812133<9CAN5712090M1706136<<<<<<<08

PSV 2 #501 CRLEUNE) \$435. Agant: Fre Spirbl, ill