Block 7 - PSV 2

AMENDMENT TO AGREEMENT OF PURCHASE AND SALE

Between: **AMACON DEVELOPMENT (CITY CENTRE) CORP.** (the **"Vendor"**) and

EHAB MONIR KAMEL HENIEN (the **"Purchaser"**)

Suite **3604** Tower **TWO** Unit **4** Level **35** (the **"Unit"**)

It is hereby understood and agreed between the Vendor and the Purchaser that the following change(s) shall be made to the above-mentioned Agreement of Purchase and Sale, and except for such change(s) noted below, all other terms and conditions of the Agreement shall remain as stated therein, and time shall continue to be of the essence.

DELETE: FROM THE AGREEMENT OF PURCHASE AND SALE
N/A

INSERT: TO THE AGREEMENT OF PURCHASE AND SALE
The undersigned, AMEL GAMIL ZAKI SALIB (collectively, the "Purchaser")

DATE OF BIRTH: 1971/09/25
DRIVER'S LICENCE: S0278-03847-15925
SIN No:
CURRENT ADDRESS:
3431 WHILABOUT TERRACE
OAKVILLE, ON, L6L 0A7

TELEPHONE: 289-400-3431
EMAIL: amalselim71@hotmail.com
OCCUPATION: Student
EMPLOYER: Ontario School of Pharmacists

(Relationship to original purchaser: Wife)

Signature: _____

Dated at **Mississauga, Ontario** this 9th day of February **2017.**

SIGNED, SEALED AND DELIVERED
In the Presence of:

_____
Witness

_____ PoA
Purchaser - EHAB MONIR KAMEL HENIEN

Accepted at Mississauga this 9 day of February **2017.**

AMACON DEVELOPMENT (CITY CENTRE) CORP.

Per: _____ c/s
Authorized Signing Officer
I have the authority to bind the Corporation.

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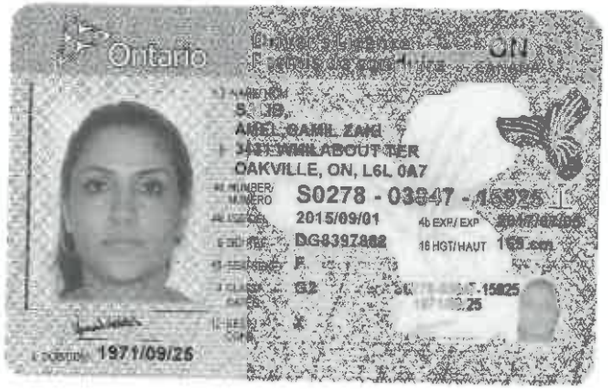

added on Feb 9, 17

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 #: **3604** Phase/Tower: **TWO** Plan No.:

Street: **510 Curran Place** in the **City** of **Mississauga**

Date of Offer: **July 11, 2012**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **AMEL GAMIL ZAKI SALIB**
2. Address: **3431 WHILABOUT TERRACE, oakVILLE, ONTARIO, L6L 0A7**
3. Date of Birth: **September 25, 1971**
4. Principal Business or Occupation: Student - Ontario School of Pharmacists
5. Identification Document (must see original): Driver's Licence
6. Document Identification Number: **S0278-03847-15925**
7. Issuing Jurisdiction: Ontario
8. Document Expiry Date (must not be expired): 2017/07/05

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: _____

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Province of Ontario) To all whom these Presents may
)
) come, be seen or known
To Wit)

I, DAVID WALTER ROWLAND HAMMOND,

a Notary Public, in and for the Province of Ontario, by Royal Authority duly appointed, residing at the City of Mississauga, in the Regional Municipality of Peel, in the said Province,

DO CERTIFY and ATTEST that the paper-writing hereto annexed is a true copy of the documents produced and shown to me by **AMEL GAMIL ZAKI SELIM SALIB** and purporting to be a **CONTINUING POWER OF ATTORNEY FOR PROPERTY granted by EHAB MONIR KAMEL HENIEN on April 01, 2016** the said copies having been compared by me with the said original document, an act whereof being requested I have granted under my Notarial Form and Seal of Office to serve and avail as occasion shall or may require.

In Testimony Whereof I have hereunto subscribed my name and affixed my Notarial Seal of Office at the City of Mississauga, in the Regional Municipality of Peel, in the Province of Ontario, this 1st day of April, 2016.

David W.R. Hammond
Barrister, Solicitor
and Notary Public in and for
the Province of Ontario
2145 Dunwin Drive, Unit 5
Mississauga, Ontario
L5L 4L9

(905) 607-3223

CONTINUING POWER OF ATTORNEY FOR PROPERTY — (SHORT FORM)

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given by **EHAB MONIR KAMEL HENIEN**, of the Town of Oakville, in the Regional Municipality of Halton, Province of Ontario, Canada, Pharmacist.

1. I appoint my wife, **AMEL GAMIL ZAKI SELIM SALIB**, of the Town of Oakville, in the Regional Municipality of Halton, to be my Attorney(s) for Property, and I authorize my Attorney(s) to do, on my behalf, any and all acts which I could do if capable, except make a will, subject to any conditions and restrictions contained herein.

2. This Power of Attorney is subject to the following conditions and restrictions:

   Without in anyway limiting the powers of my Attorney granted by this Power of Attorney my Attorney is specifically authorized to execute on my behalf any and all Acknowledgements, Directions, Undertakings, Covenants, Authorizations, Agreements, Licences, Mortgage Commitments, Statutory Declarations, Bills of Sale, and any other Document customarily required in the course of purchasing or mortgaging a property in relation to the Purchase of Suite 3604, 510 Curran Place, Mississauga, Ontario

3. I declare that, after due consideration, I am satisfied that the authority conferred on the Attorney(s) named in this Power of Attorney is adequate to provide for the competent and effectual management of all my estate in case I should become a patient in a psychiatric facility and be certified as not competent to manage my estate under the *Mental Health Act*, R.S.O. 1990, chap M. 7. I therefore direct that in that event, the Attorney(s) named in this Power of Attorney may retain this Power of Attorney for the management of my estate by complying with subsection 16.1(1) of the *Substitute Decisions Act*, if required, and in that case the Public Guardian and Trustee shall not become statutory guardian of my estate or the statutory guardianship shall be terminated.

(If the donor of a power enters a psychiatric facility, the attorney must notify the Public Guardian and Trustee immediately, in writing, of his intention to manage all the estate by means of thePower of Attorney and supply the Public Guardian and Trustee with a copy of it.)

4. It is my intention and I so authorize my Attorney(s) that this authority shall be exercised during any incapacity on my part to manage my property, pursuant to Sections 7 and 14 of the *Substitute Decisions Act, 1992*, S.O. 1992, chap. 30.

5. If my spouse disposes of or encumbers any interest in a matrimonial home in which I have a right to possession under Part II of the *Family Law Act*, R.S.O. 1990, chap. F. 3, I authorize the Attorney(s) named in this Power of Attorney for me and in my name to consent to the transaction as provided for in clause 21(1)(a) of that *Act*.

E.H. /1

6. This Power of Attorney for Property comes into effect as of the date of execution set out below.

7. My Attorney(s) may take compensation out of my property for any work done in accordance with this continuing Power of Attorney by him, her, or them, in accordance with the prescribed fee scale established pursuant to sections 40(1) and 90 of the *Substitute Decisions Act, 1992*, for the compensation of Attorneys under a Continuing Power of Attorney.

8. Any Power of Attorney for Property or any Power of Attorney which affects my property previously given by me is hereby revoked.

Executed at the City of Mississauga this 1st day of April, 2016 in the presence of both witnesses, each present at the same time.

WITNESSED BY:

Signature
Christa Hammond
Print Witness's Name & Address
3400 Ingram Road
Mississauga, Ontario
L5L 4M9

Signature
David W.R. Hammond
Print Witness's Name & Address
2145 Dunwin Drive, Unit 5
Mississauga, Ontario
L5L 4L9

EHAB MONIR KAMEL HENIEN

Dated the 1st day of April, A.D. 2016

CONTINUING POWER OF ATTORNEY FOR PROPERTY

OF

EHAB MONIR KAMEL HENIEN

David W.R. Hammond
Barrister & Solicitor
2145 Dunwin Drive, Unit 5
Mississauga, Ontario
L5L 4L9