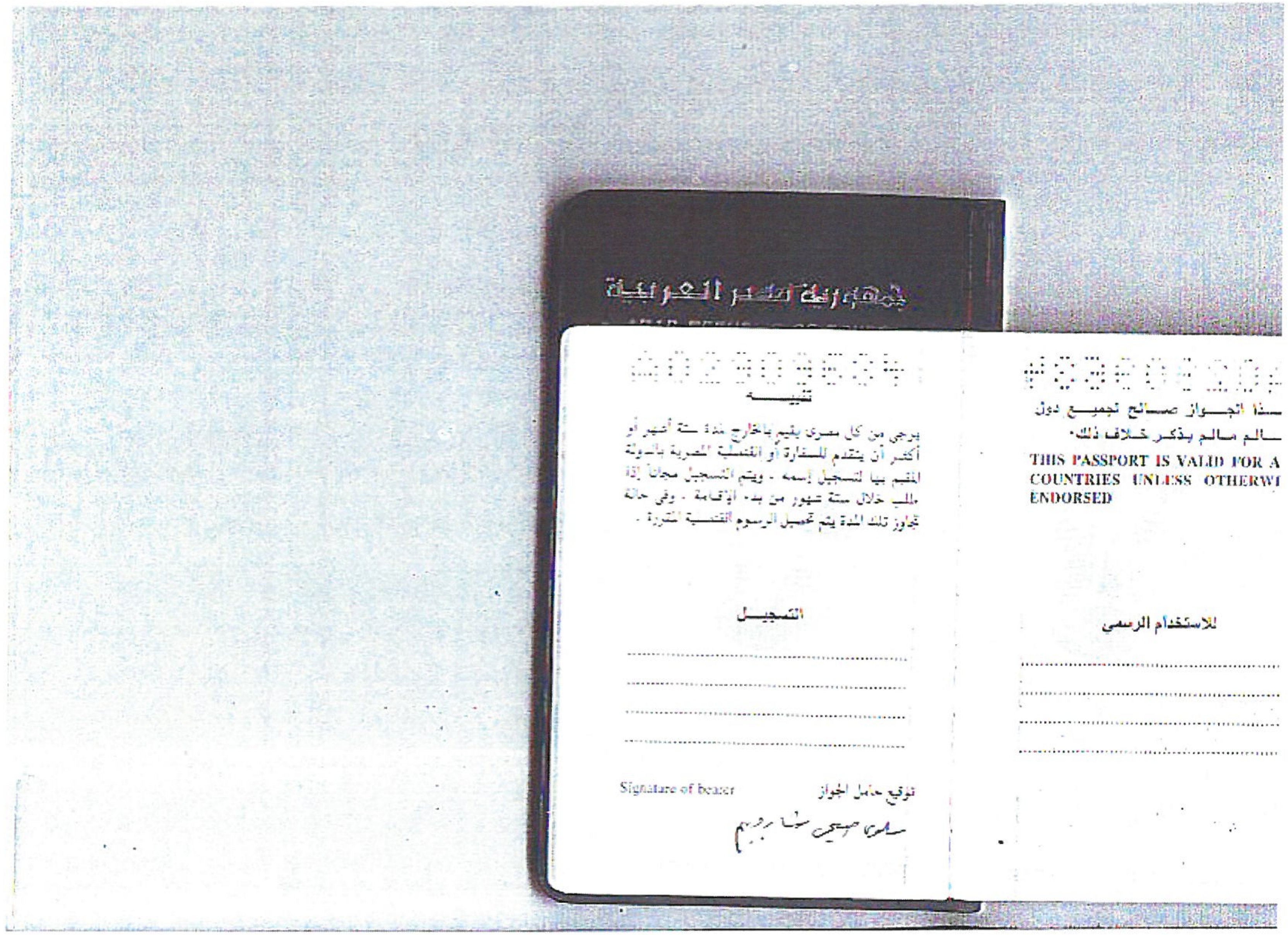


جمهورية مصر العربية
تنبيه
يرجى من كل مصرى يقيم بالخارج مدة ستة أشهر أو أكثر أن يتقدم للسفارة أو القنصلية المصرية بالدولة المقيم بها لتسجيل إسمه - ويتم التسجيل مجاناً إذا طلب خلال ستة شهور من بدء الإقامة - وفى حالة تجاوز تلك المدة يتم تحصيل الرسوم القنصلية المقررة .
التسجيل
توقيع حامل الجواز
Signature of bearer
ـذا الجـواز صـالح لجميـع دول
ـالم مـالم يذكـر خـلاف ذلك
THIS PASSPORT IS VALID FOR A
COUNTRIES UNLESS OTHERWI
ENDORSED
للاستخدام الرسمى

Notarial Certificate of True Copy - Short Form

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

I, DOUGLAS MASTERS DAVIDSON

a Notary Public, in and for the Province of Ontario, by Royal Authority duly appointed, residing at

the City of Mississauga, Regional Municipality of Peel, Province of Ontario,

Do Certify and Attest that the paper-writing hereto annexed is a true copy of a document produced and shown to me and purporting to be

Continuing Power of Attorney for Property (Short Form) of Adel Botros Kirolos Matta & Salwa Sobhy Sharobiem Abdelmesih

dated the 8th day of March, 2012, the said copy 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 Mississauga

this 27th day of March, 2012.

SEAL

A Notary Public in and for the Province of Ontario.
Douglas Masters Davidson
1552 Dundas Street West, #200
Mississauga, Ontario L5C 1E4

CONTINUING POWER OF ATTORNEYFOR PROPERTY (SHORT FORM)

THIS CONTINUING POWER OF ATTORNEY FOR PROPERTY is given

by **Adel Botros Kirolos Matta & Salwa Sobhy Sharobiem Abdelmesih**
[Grantor]

of the City of Toronto **in the Province of Ontario**

APPOINTMENT

1. **I APPOINT** my **Relative** **Rania Boutros**

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. My attorney(s) shall have the authority to act as my litigation guardian, if one is required to commence, continue, defend or represent me in any court proceeding. All decisions to be made by my attorneys pursuant to this Power of Attorney shall be made by majority vote as between them.

SUBSTITUTION

2. If the above appointed attorney(s) refuse(s) to act, or is or are unable to act by reason of death, court removal, becoming incapable of managing property or resignation,

I SUBSTITUTE AND APPOINT my________________, ______________________________

to act as my attorney(s) for my property, in the place of any attorney(s) appointed in paragraph 1 hereof who refuse(s) or is or are unable to act. The substituted attorney(s) shall, if able and willing to act, thereafter be my attorney(s) for property, together with any attorney appointed in paragraph 1 hereof who is able and willing to act and I authorize him, her or them thereafter 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. All decisions to be made by my substitute attorneys pursuant to this Power of Attorney shall be made by majority vote as between them.

Esraa Helmy S...

CONTINUING POWER

3. This is a continuing power of attorney. It is my intention and I so authorize my attorney(s) that the authority given in this continuing power of attorney may be exercised during any incapacity on my part to manage my property, pursuant to section 7 of the *Substitute Decisions Act*.

FAMILY LAW ACT CONSENT

4. 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*, 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 the said Act.

CONDITIONS AND RESTRICTIONS

5. None.

-or-

6. This power of attorney is limited to making decisions, taking actions and executing any documents as may be necessary with respect to the property located at
Park side village in Mississauga ,unit 4207

EFFECTIVE DATE

7. This continuing power of attorney for property comes into effect upon the date hereof.

REVOCATION

8. Any prior power of attorney for property or any power of attorney which affects my property given by me, except a power of attorney given to a bank or financial institution for the purpose of transacting my business with that bank or financial institution, is hereby revoked.

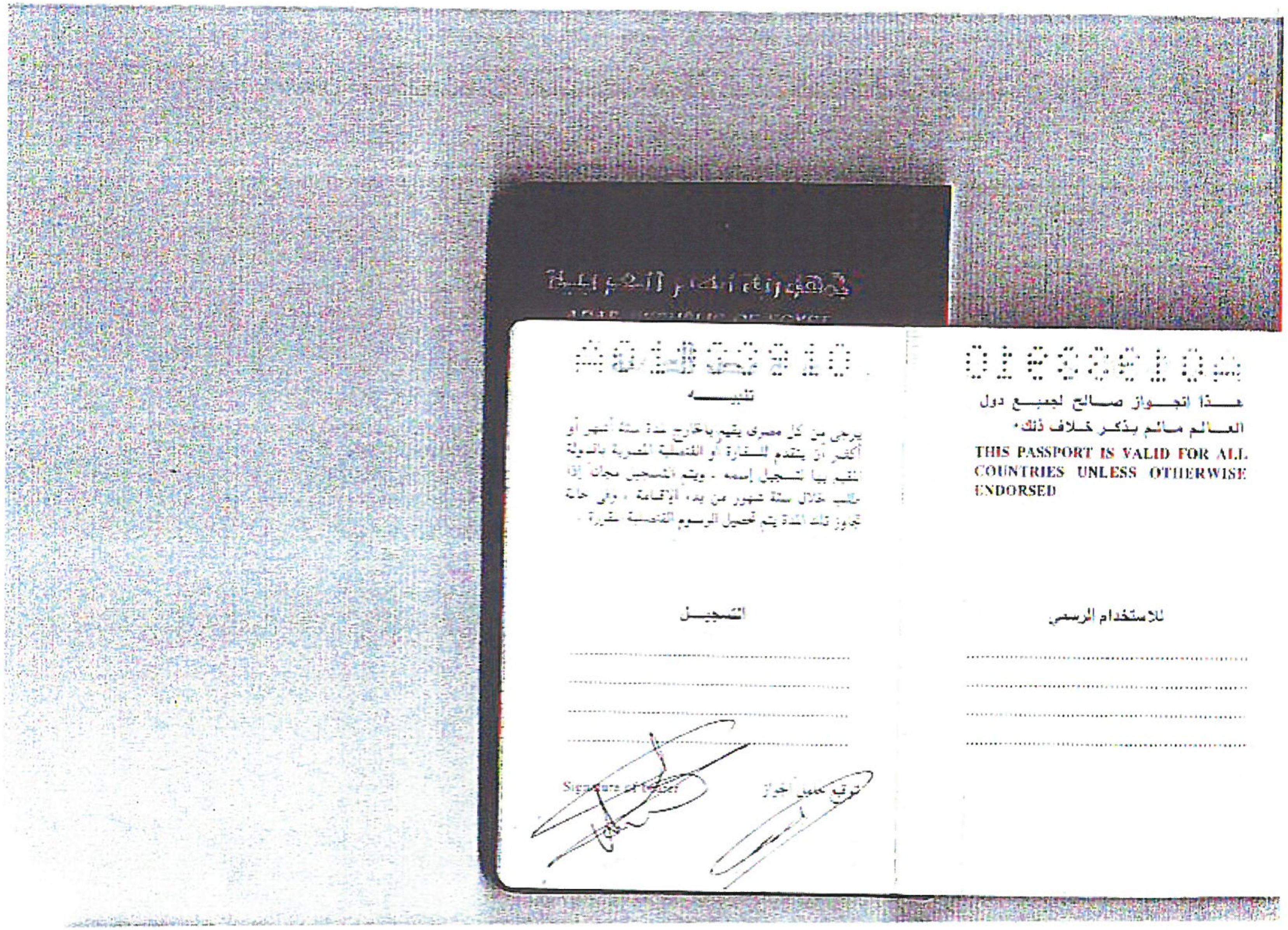
COMPENSATION

9. I authorize my attorney(s) and my attorney(s) has or have agreed to accept no compensation for any work done by him, her or them pursuant to this power of attorney for property.

Executed at Toronto this 8th _day of_March, 2012in the presence of both witnesses, each present at the same time.

Witness #1	**Adel Botros Kirolos Matta**
	Adel Botros Kirolas Matta
Address: 36 Abou Bakr El Sedik, Cairo	**Salwa Sobhy Sharobiem Abdelmesih**
	Salwa Sobhy sharobiem Abdelmesih
Mohga Maurice	Grantor
Witness #2	
Address: 6 Ael Malek el Afdal, Zamalek	

Emad Halmi Said



جمهورية مصر العربية
تنبيــــه
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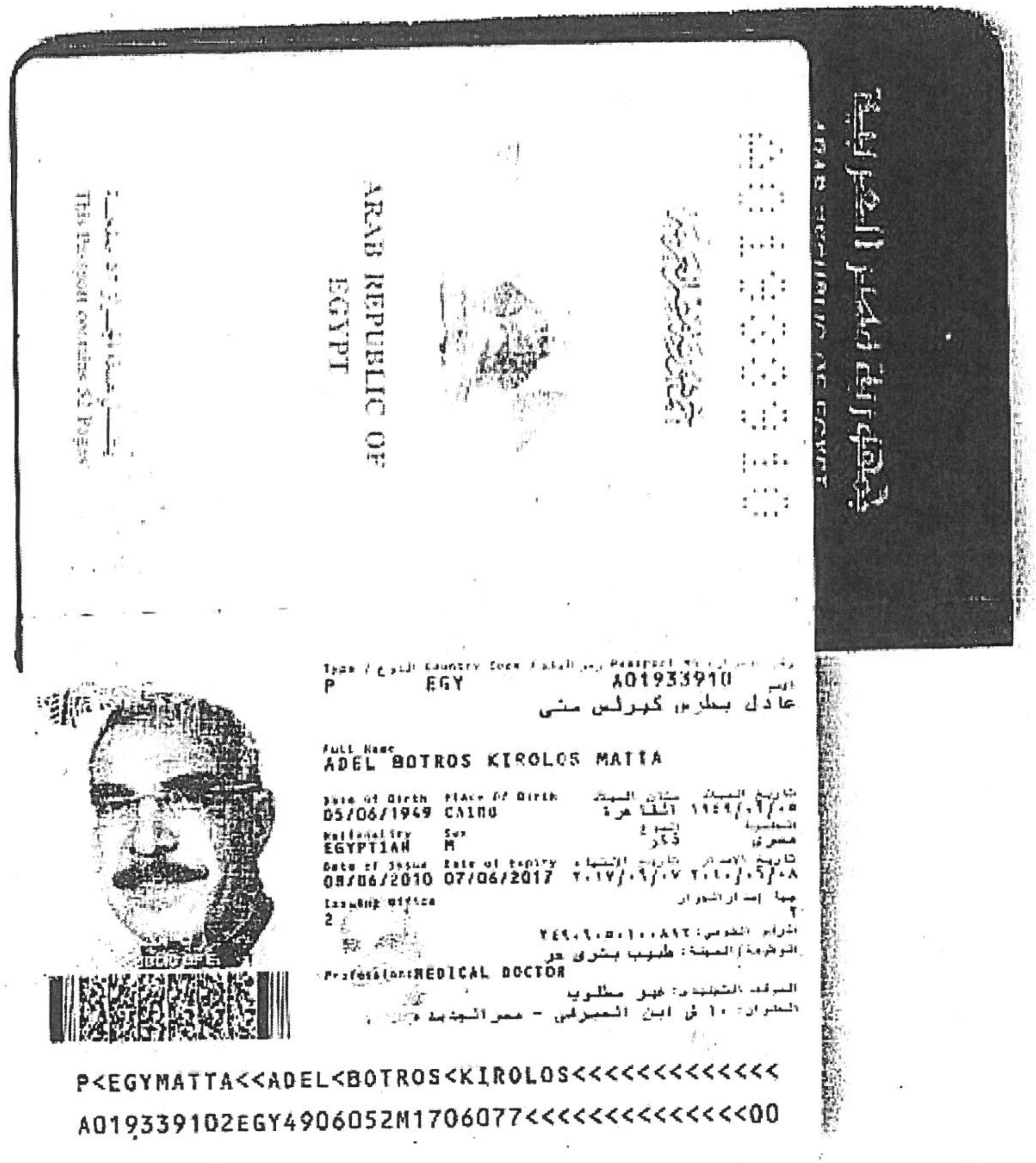
العــالم مــالم يذكــر خــلاف ذلك .
THIS PASSPORT IS VALID FOR ALL COUNTRIES UNLESS OTHERWISE ENDORSED
التسجيــل
للاستخدام الرسمى
Signature of bearer
توقيع حامل الجواز



جمهورية مصر العربية
ARAB REPUBLIC OF EGYPT

ARAB REPUBLIC OF
EGYPT

Type / Code Country Code Passport No.
P EGY A01933910

عادل بطرس كيرلس متى

Full Name
ADEL BOTROS KIROLOS MATTA

Date of Birth Place of Birth
05/06/1949 CAIRO
تاريخ الميلاد ١٩٤٩/٠٦/٠٥ محل الميلاد القاهرة

Nationality Sex
EGYPTIAN M
الجنسية مصري النوع ذكر

Date of Issue Date of Expiry
08/06/2010 07/06/2017
تاريخ الإصدار ٢٠١٠/٠٦/٠٨ تاريخ الانتهاء ٢٠١٧/٠٦/٠٧

Issuing Office
2
جهة إصدار الجواز ٢

Profession: MEDICAL DOCTOR
الوظيفة / المهنة : طبيب بشري حر
الموقف التجنيدي : غير مطلوب
العنوان : ١٠ ش ابن الصيرفي - مصر الجديدة

P<EGYMATTA<<ADEL<BOTROS<KIROLOS<<<<<<<<<<<<<<
A019339102EGY4906052M1706077<<<<<<<<<<<<<<00

4207

Mourad Rania

4207
Mourad / Rania

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 #: **4207** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **March 08, 2012**

Sales Representative: **Alen/Richmond**

Verification of Individual

1. Full Legal Name of Individual: **Salwa Sobhy Sharobeim Abdelmesih**
2. Address: **2518 HEMMFORD DR,**
   OAKVILLE, ONTARIO, L6M 4R7
3. Date of Birth: **September 23, 1950**
4. Principal Business or Occupation: House Wife
5. Identification Document (must see original): ______
6. Document Identification Number: **Passport # A02909634**
7. Issuing Jurisdiction: Egypt
8. Document Expiry Date (must not be expired): Dec 25, 2017

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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Information required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.*

Vendor: **AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Lot/Suite #: **4207** Phase/Tower: **ONE** Plan No.:

Street: in the **City** of **Mississauga**

Date of Offer: **March 08, 2012**

Sales Representative: **Alen/Richmond**

Verification of Individual

1. Full Legal Name of Individual: **Adel Botros Kirolos Matta**
2. Address: **2518 HEMMFORD DR, OAKVILLE, ONTARIO, L6M 4R7**
3. Date of Birth: **June 05, 1949**
4. Principal Business or Occupation: Medical Doctor / Business Man
5. Identification Document (must see original): Passport
6. Document Identification Number: **Passport # A01933910**
7. Issuing Jurisdiction: Egypt-(Arab Rep of Egypt)
8. Document Expiry Date (must not be expired): June 7, 2017

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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