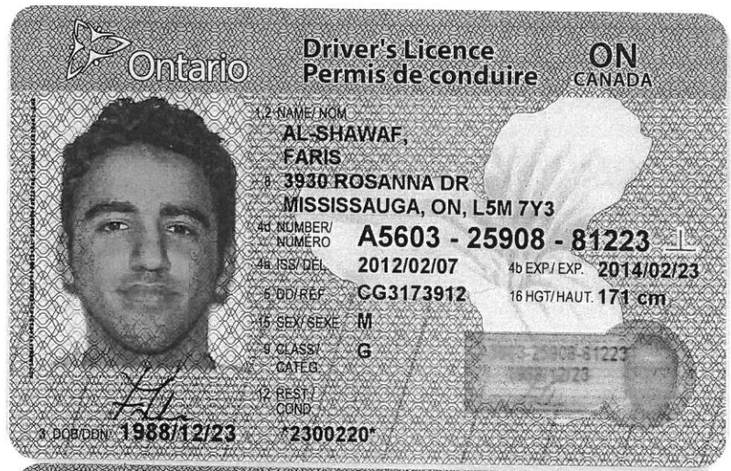
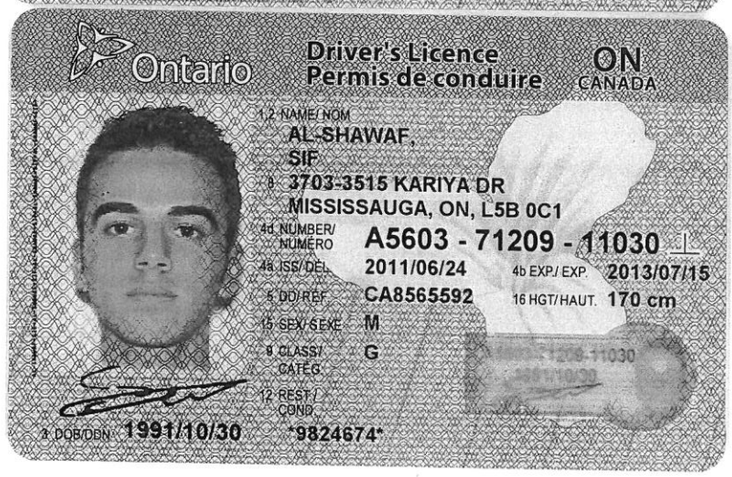

Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
AL-SHAWAF,
FARIS
8 3930 ROSANNA DR
MISSISSAUGA, ON, L5M 7Y3
4d NUMBER/ NUMÉRO A5603 - 25908 - 81223
4a ISS/ DÉL 2012/02/07
4b EXP./ EXP. 2014/02/23
5 DD/ RÉF CG3173912
16 HGT/ HAUT. 171 cm
15 SEX/ SEXE M
9 CLASS/ CATÉG. G
12 REST./ COND.
3 DOB/DDN 1988/12/23
2300220


Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
AL-SHAWAF,
SIF
8 3703-3515 KARIYA DR
MISSISSAUGA, ON, L5B 0C1
4d NUMBER/ NUMÉRO A5603 - 71209 - 11030
4a ISS/ DÉL 2011/06/24
4b EXP./ EXP. 2013/07/15
5 DD/ RÉF CA8565592
16 HGT/ HAUT. 170 cm
15 SEX/ SEXE M
9 CLASS/ CATÉG. G
12 REST./ COND.
3 DOB/DDN 1991/10/30
9824674

4301

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 #: **4301** Phase/Tower: **ONE** Plan No.:

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

Date of Offer: **March 04, 2012**

Sales Representative: **RICHMOND**

Verification of Individual

1. Full Legal Name of Individual: **SIF AL-SHAWAF**
2. Address: **3930 ROSANNA DR.,**
   MISSISSAUGA, ONTARIO, L5M 7Y3
3. Date of Birth: **October 30, 1991**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **A56037120911030**
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: _____

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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 #: **4301** Phase/Tower: **ONE** Plan No.:

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

Date of Offer: **March 04, 2012**

Sales Representative: **RICHMOND**

Verification of Individual

1. Full Legal Name of Individual: **FARIS AL-SHAWAF**
2. Address: **3930 ROSANNA DR.,**
   MISSISSAUGA, ONTARIO, L5M 7Y3
3. Date of Birth: **December 23, 1988**
4. Principal Business or Occupation: _____
5. Identification Document (must see original): _____
6. Document Identification Number: **A56032590881223**
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.

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