

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 #: **3507** Phase/Tower: **TWO** Plan No.:

Street: in the of

Date of Offer: **August 20, 2014**

Sales Representative: **In2ition Realty**

Verification of Individual

1. Full Legal Name of Individual: **KHALED MOHAMED ELZAABALAWI**
2. Address: **1246 SHERWOOD MILLS BLVD,
MISSISSAUGA, ONTARIO, L5V 1S7**
3. Date of Birth: **September 26, 1963**
4. Principal Business or Occupation:
5. Identification Document (must see original): **Driver's Licence**
6. Document Identification Number: **E5697-43466-30926**
7. Issuing Jurisdiction: **Ontario**
8. Document Expiry Date (must not be expired): **2019/09/26**

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: _____

Ontario

Driver's Licence
Permis de conduire

ON
CANADA



1 NAME/ NOM

ELZAABALAWI, KHALED MOHAMED

2 ADDRESS/ ADRESSE

1246 SHERWOOD MILLS BLVD
MISSISSAUGA, ON, L5V 1S7

3 DOB/ DATE DE NAISSANCE

2014/07/30

4 SEX/ SEXE

M

5 CLASS/ CATEG

G

6 ISS/ DEL

2014/07/30

7 EXP/ EXP

2019/09/26

8 HGT/ HAUT

174 cm

9 EYES/ YEUX

BROWN/ BRUN

10 HAIR/ CHEVEUX

BROWN/ BRUN

11 SIGNATURE/ SIGNATURE



12 REGISTRATION/ REGISTRATION

1963/09/26

4a NUMBER/ NUMERO

E5697 - 43466 - 30926

4b EXP/ EXP

2019/09/26

4c HGT/ HAUT

174 cm

4d EYES/ YEUX

BROWN/ BRUN

4e HAIR/ CHEVEUX

BROWN/ BRUN

4f SIGNATURE/ SIGNATURE



4g REGISTRATION/ REGISTRATION

1963/09/26