

**[LAW FIRM NAME]**  
**BARRISTERS AND SOLICITORS**

VERIFICATION OF IDENTITY  
*(For use where client\* is an individual)*

Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Residential Phone No.: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation(s) \_\_\_\_\_

**Original Document Reviewed – Copy Attached**

- Driver's Licence
- Birth Certificate
- Health Insurance Card
- Passport
- Other (specify type) \_\_\_\_\_

Date Identity Verified: \_\_\_\_\_

Identity Verified By: \_\_\_\_\_

File No.: \_\_\_\_\_

\* Client includes another party that a lawyer's client represents or acts for in relation to obtaining legal services from a lawyer.