

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

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

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

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

\_\_\_\_\_

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

Incorporation or  
Business Identification No. \*\*: \_\_\_\_\_

Place of Issue of No.: \_\_\_\_\_

Type of Business or  
Activity \*\*: \_\_\_\_\_

(\*\*not applicable if organization is a financial institution, public body or a reporting issuer)

**Individual Authorized to Instruct Counsel**

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

Position: \_\_\_\_\_

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

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

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

**Original Document Reviewed – Copy Attached**

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

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

**IF APPLICABLE**

**Names and Occupation(s) of Directors and Officers**

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**Names, Addresses and Occupation(s) of Owners or Shareholders owing 25% or more of the organization or shares in the organization**

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**Original Document Reviewed – Copy Attached**

- Certificate of Corporate Status
- Annual Filings of the Organization (specify Type) \_\_\_\_\_
- Partnership Agreement and Amendments
- Trust Agreements and Amendments
- Articles of Association
- Other (specify type) \_\_\_\_\_

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

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

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