

## **Client Verification Form**

(For use where the client or the third party is an organization):

Client:		
•	Name:	
•	Business Address:	
•	Business Phone No:	
•	Incorporation or Business Identification No:	
•	Place of Issue of No:	
•	Type of Business or Activity:	
Person Authorized to Instruct		
•	Name:	
•	Position/Title:	
•	Address:	
•	Phone No:	

## **Original Document Reviewed - Copy Attached**

	0 0 0	Driver's Licence Birth Certificate Passport Other (specify)
Names a	nd C	Occupation(s) of Directors:
_		
		esses and Occupation(s) of Owners or Shareholders owning a 25%interest organization or shares in the organization
_		
Original	Doc	ument Reviewed - Copy Attached
	0 0 0 0 0	Certificate of Corporate Status Annual Filings of the Organization (specify type) Partnership Agreement Trust Agreement Articles of Association Other (specify type)
Date Ider	ntity '	Verified:
Identity V	'erifie	ed by (name & title):
Date File	Rev	iewed by Lawyer:
Name of	Law	yer: