

[LAW FIRM NAME]
BARRISTERS AND SOLICITORS

VERIFICATION OF IDENTITY

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

Name: _____

Address: _____

Phone No: _____

Business Address: _____

Business Phone No: _____

Occupation(s) _____

Original Document Reviewed – Copy Attached

- Driver's Licence
- Birth Certificate
- Passport
- Other (specify type) _____

Meeting Date Identity Verified: _____

Identity Verified By: _____

Date File Reviewed by Lawyer: _____

Name of Lawyer: _____