

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

**VERIFICATION OF IDENTITY**

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

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: \_\_\_\_\_

Phone No: \_\_\_\_\_

Original Document Reviewed – Copy Attached

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

Names and Occupation(s) of Directors

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Names, Addresses and Occupation(s) of Owners or Shareholders owning a 25% interest 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
- Trust Agreement
- Articles of Association
- Other (specify type) \_\_\_\_\_

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

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

Date File Reviewed by Lawyer: \_\_\_\_\_

Name of Lawyer: \_\_\_\_\_