

[

]

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

Names, Addresses and Occupation(s) of Owners or Shareholders owning a 25% interest or more of the organization or shares in the organization

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 Paralegal: _____

Name of Paralegal: _____