

IDENTIFICATION OF CLIENT - INDIVIDUAL

Firm and Law Society of Upper Canada Requirements

Part A

***Full Name:** _____
(title) (surname) (first given name) (middle name(s))

Date of Birth: _____
(month / day / year)

Former Name(s): _____
(if applicable)

***Home Address:** _____
Street and Unit or Apartment

City / Province / Postal Code

Mailing Address: _____
If mail to be sent to an address other than residence above.

Street and Unit or Apartment

City / Province / Postal Code

***Home Phone No:** _____

Cell Phone No: _____

***Occupation(s)/Profession** _____
(if applicable)

***Place of Employment:** _____
(if applicable)

***Business Address:** _____
(if applicable)

***Business Phone No:** _____
(if applicable)

E-mail _____

Facsimile _____

[IMPORTANT: All matters in bold/marked with asterisk are LSUC requirements and must be completed]

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Part B

***Client Full Name:** _____
(or third party)

***Date Identity Verified:** _____

***Original** Identification Document Reviewed Expiration checked Verified Scanned

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

***Identity Verified By:** _____

***Date Verification Reviewed by Lawyer:** _____

***Name of Lawyer:** _____

*Attention: Parts A and B of this document to be photocopied along with ID
to fulfill LSUC verification requirements*

[IMPORTANT: All matters in bold/marked with asterisk are LSUC requirements and must be completed]

ADDITIONAL INFORMATION REQUIRED

Firm Requirements

Part C

Information regarding other party:

***Third Party beneficiary** _____

***Or principal involved** _____
(note: ensure identification and verification forms Part A and B are completed for third party / principal)

Name of other party: _____
(title) (surname) (first given name) (middle name(s))

Additional name(s): _____
(if applicable)

Home address of other party: _____
Street and Unit or Apartment

City / Province / Postal Code

Other party phone No: _____

Other party mobile No: _____

Occupation(s)/Profession _____

Place of Employment: _____

Business Address: _____

Business Phone No: _____

E-mail _____

Solicitor for other party: _____

Client referred by: _____

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