
VERIFICATION OF IDENTITY--ORGANIZATION
Law Society of Upper Canada Requirements

***Date Identity Verified:** _____

***Client / Business Name:** _____

Type of Organization: Incorporation Provincial Federal
 Proprietorship Partnership Other _____

***Business Address:** _____
(Head Office)

Business Address: _____
(Other address)

***Business Phone No:** _____

***Incorporation or Business Identification No:** _____

***Place of Issue of Business (*number identified above*):** _____

***Type of Business or Activity:** _____
(If the organization is other than a financial institution, public body or company that is not a private company.)

***Names and Occupation(s) of each of the Directors (if not a securities dealer)**

VERIFICATION OF IDENTITY--(Organization)
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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**

***Original Document Reviewed – Copy Attached**

(show existence, name and address of organization including directors and officers, such as:)

- Certificate of Corporate Status
- Annual Filings of the Organization (specify type) _____
- Partnership Agreement
- Trust Agreement
- Articles of Association
- Other (specify type) _____

VERIFICATION OF IDENTITY--(Organization)
Law Society of Upper Canada Requirements

Contact information for Person Authorized to Instruct:

*Name: _____

*Position: _____

*Business Phone No: _____

*Home Phone No: _____

*Mobile Phone No: _____

*Address: _____

*E-mail Address: _____

***Verification of Identification**

Original Document Reviewed – Original Identification Documents Scanned

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

Identity Verified By: _____

Date File Reviewed by Lawyer: _____

Name of Lawyer: _____

Attention: This entire document to be photocopied along with ID and documentation to fulfill LSUC verification requirements