

# CLIENT IDENTIFICATION AND VERIFICATION FORM

## Identification of Organization (Rule 1022)

Date: \_\_\_\_\_

Information recorded by: \_\_\_\_\_

Organization's full name: \_\_\_\_\_

Organization's business address and telephone number:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Person(s) authorized to instruct:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact information if different from above:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**If the Organization is not a financial institution, public body or reporting issuer, also record the following:**

Organization's incorporation or business identification number and place of issue:

Number: \_\_\_\_\_

Place of issue: \_\_\_\_\_  
(if applicable)

Nature of business or activity: \_\_\_\_\_

**Verification of Organization**  
(Rules 1023 and 1025)

Names and occupations of Directors (unless Organization is a securities dealer):

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Names, addresses and occupations of shareholders who own more than 25%:

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Original document reviewed and copy attached verifying person(s) authorized to instruct:

Driver's Licence: _____	Birth Certificate: _____
Passport: _____	Other: _____
Attestation: _____	

Original document reviewed and copy attached verifying Organization's identity:

Corporate Profile Report: _____	Partnership agreement: _____
Trust Agreement: _____	Other: _____

If you are unable to obtain the verification information above, please record all steps taken to obtain the information on a separate page and attach to this form.