



### CLIENT IDENTIFICATION AND VERIFICATION SAMPLE FORM

File #:	_____
Member in charge of file:	_____
Date:	_____
Information recorded by:	_____

#### **Identification of Organization Client** (Rule 1541)

Identification is required when a member is retained by a client (organization) to provide legal services.

Organization's Full Name: \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_

If the organization is not a financial institution, public body, or reporting issue then please complete the following:

Incorporation or  
Business Identification #: \_\_\_\_\_

Place of Issue of #: \_\_\_\_\_

Type of Business or Activity: \_\_\_\_\_

#### **Individual Authorized to Instruct**

Individual's Name: \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Attach a copy of corporate records showing authority to bind corporation regarding transaction (ex: certificate of incumbency, articles of incorporation, by-laws setting out officers duly authorized to sign on behalf of corporation).**

#### **Identification of Third Parties (If Applicable)**

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

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

Business Phone #: \_\_\_\_\_

Relationship between third  
party and client: \_\_\_\_\_

If the organization is not a financial institution, public body, or reporting issue then please complete the following:

Incorporation or Business Identification #: \_\_\_\_\_

Place of Issue of #: \_\_\_\_\_

Type of Business or Activity: \_\_\_\_\_

**Verification of Organization Client (Rule 1543)**

Verification is required when a member has been retained by a client to provide legal services and engages in or gives instructions in respect of receiving, paying or transferring funds.

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

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

Names of Directors (if Corporation): \_\_\_\_\_

Please refer to the Client Identification and Verification Sample Form to verify the identity of the third party or individual authorized to instruct counsel.

Corporation – Confirm the existence

Existence of the corporation must be confirmed by referring to documents such as certificate of corporate status, published annual report, government notice of assessment. The name and address of the corporation and names of the directors must match. If record is in paper format, a copy must be kept. If record is an electronic version, a record of the corporation’s registration number and type and source of record (e.g. Corporations Canada website) must be kept in a machine-readable or electronic form, if a paper copy can be readily produced from it.

Type and Source of Verification Record: \_\_\_\_\_

Registration number of entity: \_\_\_\_\_

Date of verification: \_\_\_\_\_

Entity other than a corporation – Confirm the existence

Existence of an entity other than a corporation must be confirmed by relying on documents such as a partnership agreements, articles of association, or any other similar record that confirms the entity’s existence. The name and address of the entity must match. If record is in paper format, a copy must be kept. If record is an electronic version, a record of the corporation’s registration number and type and source of record (e.g. Corporations Canada website) must be kept in a machine-readable or electronic form, if a paper copy can be readily produced from it.

Type and Source of Verification Record: \_\_\_\_\_

Registration number of entity: \_\_\_\_\_

Date of verification: \_\_\_\_\_

**Beneficial Ownership**

i. Entity - Corporation

Names and Occupation(s) of Directors and Officers – As set out in the certificate of corporate status or other record confirming the corporation’s existence.

_____
_____
_____
_____

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

_____
_____
_____
_____

Information on the ownership, control and structure of the corporation.

_____
_____
_____
_____

ii. Entity - Trust

Names, Addresses and Occupation(s) of all trustees and all known beneficiaries and settlors of the trust.

_____
_____
_____
_____

Information on the ownership, control and structure of the trust.

_____
_____
_____
_____

iii. Entity – Other than Corporation or Trust

Names, Addresses and Occupation(s) of all individuals who directly or indirectly own or control 25% or more of the entity.

_____
_____
_____
_____

Information establishing the ownership, control and structure of the entity.

_____
_____
_____
_____

Type and Source of Record used to confirm accuracy of information about Beneficial Owners:

The accuracy of beneficial ownership information must be confirmed by referring to official documentation such as articles of incorporation, annual returns, certificate of corporate status, shareholder agreements, partnership agreements, or board of director's meeting records of decisions. In the case of a trust, the accuracy of the information can be confirmed by reviewing the trust deed. If record is in paper format, a copy must be kept. If record is an electronic version, a record of the corporation's registration number and type and source of record (e.g. Corporations Canada website) must be kept.

Type and Source of Verification Record: \_\_\_\_\_

Date of verification: \_\_\_\_\_

**Beneficial Ownership Reasonable Measures**

If you are unable to obtain Beneficial Ownership information or accuracy cannot be confirmed then please complete this section.

- Measures Taken (check one):
- asking the client to provide supporting official documentation
  - conducting an open-source search
  - consulting commercially available information
  - other (explain) \_\_\_\_\_

Date on which above measures taken: \_\_\_\_\_

- Reason why measures were unsuccessful (check one):
- client did not provide information
  - other (explain) \_\_\_\_\_

Verify the identity of the most senior managing officer of the entity

Please refer to the Client Identification and Verification Sample Form to verify the identity of the most senior managing officer of the entity.

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

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

Residential Phone #: \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**Source of Funds**

The member must obtain information about the source of funds (Rule 1545(1)(a)). This refers to the origin of the particular funds and any other monetary instrument which are the subject of the transaction.

Amount of funds received: \_\_\_\_\_

Currency: \_\_\_\_\_

Purpose of funds: \_\_\_\_\_

Details concerning source of funds: \_\_\_\_\_