

JURIANSZ & LI
BARRISTERS AND SOLICITORS

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 No. _____

Passport No. _____

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
- Articles of Incorporation
- Other (specify type) _____

Meeting Date Identity Verified: _____

Identity Verified By: _____

Date File Reviewed by Lawyer:: _____

Name of Lawyer: _____