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## **VERIFICATION OF IDENTITY - FOR AN INDIVIDUAL**

Date:	Male Female
Name:	
Address:	
Home Phone No:	Cell No
Email:	
Employment/ Business Address:	
Employment/ Business Phone No: Occupation(s)	Fax. No
Original Document Re	viewed – Copy Attached
Driver's Licence No.	
Passport No	
Other(specify type)	
	ompleted by J&L Staff):
Meeting Date Identity Verifie	ed:
Identity Verified By:	
Date File Reviewed by Lawye	er:
Name of Lawyer:	