

VERIFICATION OF IDENTITY – FOR AN INDIVIDUAL

Date: _____

Male Female

Name: _____

Address: _____

Home Phone No: _____ Cell No. _____

Email: _____

Employment/
Business Address: _____

Employment/
Business Phone No: _____ Fax. No. _____

Occupation(s) _____

Original Document Reviewed – Copy Attached

Driver's Licence No. _____

Passport No. _____

Other(specify type) _____

For Office Use (to be completed by J&L Staff):

Meeting Date Identity Verified: _____

Identity Verified By: _____

Date File Reviewed by Lawyer: _____

Name of Lawyer: _____