

J. Blake Nichol Professional Corporation
BARRISTER & SOLICITOR

VERIFICATION OF IDENTITY
(For use where client, beneficiary or principal is an individual)

Legal Name:

Residential Address:

Residential Phone No.:

Employer Name & Address:

Employer Phone No.:

Cell Phone No.:

Email Address:

Occupation(s):

SIGNATURE

FOR INTERNAL USE ONLY

Original Document Reviewed – Copy Attached

Date Identity Verified:

Lawyer:

File No.:

Date File Reviewed by Lawyer: