

Campbell Marr LLP
Identification/Verification Organization

☆ Name: _____

☆ Business Address: _____

☆ Business Phone No.: _____

☆ Incorporation or
Business Identification No.: _____

☆ Place of Issue of No.: _____

☆ Type of Business or
Activity * _____

Individual Authorized to Instruct Counsel

☆ Name: _____

☆ Position: _____

☆ Business Phone No.: _____

Cell Phone No.: _____

Email Address: _____

Original Document Reviewed – Copy Attached

- Driver's Licence
- Birth Certificate
- Health Insurance Card
- Passport
- Other (specify type) _____

IF APPLICABLE

☆ **Names and Occupation(s) of Directors and Officers**

☆ **Names, Addresses and Occupation(s) of Owners or Shareholders owing 25% 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 and Amendments
- Trust Agreements and Amendments
- Articles of Association
- Other (specify type) _____

Date Identity Verified: _____

Name of Lawyer: _____

File No.: _____

Date File Reviewed by Lawyer: _____

☆ Required fields