



**BEAMENT  
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LLP**

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## CLIENT IDENTIFICATION FORM INDIVIDUALS

### VERIFICATION OF IDENTITY

*(For use where the client or the third party is an individual)*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone No:** \_\_\_\_\_

**Occupation(s):** \_\_\_\_\_

### Original Document Reviewed – Must Attach Photocopy

*(Only one document must be reviewed)*

- Driver's Licence
- Birth Certificate
- Passport
- Other (specify type) \_\_\_\_\_

*(N.B. Health Cards are **not** a permitted form of identification)*

Meeting Date Identity Verified: \_\_\_\_\_

Identity Verified By: \_\_\_\_\_

Date File Reviewed by Lawyer: \_\_\_\_\_

Name of Lawyer: \_\_\_\_\_