

Certificate of Identity – Lawyer / Solicitor

(To be used by a Lawyer or Solicitor to confirm the identification of an individual who signs a signature card)

I _____ of _____
 (name of Lawyer/Solicitor) Phone Number of Lawyer / Solicitor

_____ in _____
 (complete street address) (town / city, state / province, country)

do hereby certify that:

- Signature appearing on the signature card is the signature of:
 _____ and was compared for consistency against the signature
 (name of individual)
 provided on the identification documents recorded below; and

Signature Card Individual	Particulars
Name	
Date of Birth (dd/mmm/ yyyy)	
Current address (including town / city, state / province, country and Postal / Zip Code)	
Telephone (Home): / (Business)	
Mobile or Cell / email	
Occupation (Note: If Retired, provide occupation before retirement or current one, such as volunteer.)	
Employer Name (if applicable)	
Employer Address (if applicable) (including town / city, state / province, country, and Postal / Zip Code)	
Source of wealth (Select all that apply)	<input type="checkbox"/> Employment Income <input type="checkbox"/> Gift <input type="checkbox"/> Grants/Scholarship/Bursaries <input type="checkbox"/> Insurance Claims/Payments <input type="checkbox"/> Investment Income (Savings) <input type="checkbox"/> Retirement/Pension Income <input type="checkbox"/> Sale of Asset/Home/Business <input type="checkbox"/> Self-Employment Income <input type="checkbox"/> Social Assistance <input type="checkbox"/> Support Payments <input type="checkbox"/> Trust/Inheritance <input type="checkbox"/> Windfall-Casino/Contest/Lottery Winnings
Intended use of account	<input type="checkbox"/> Deposits/Payments/Living Expenses <input type="checkbox"/> All-Purpose Savings <input type="checkbox"/> Saving for a Specific Goal <input type="checkbox"/> Emergency Fund <input type="checkbox"/> Vacation <input type="checkbox"/> Vehicle <input type="checkbox"/> Home/Vacation Home <input type="checkbox"/> Retirement <input type="checkbox"/> Education <input type="checkbox"/> Other - Enter Details: <input type="checkbox"/> Investment

Non-Resident Questionnaire	<input type="checkbox"/> Foreign student studying in Canada <input type="checkbox"/> Canadian student studying overseas <input type="checkbox"/> Non-Resident with Canadian property <input type="checkbox"/> Non-Resident with Canadian income <input type="checkbox"/> Canadian with foreign work assignment <input type="checkbox"/> Non-Resident working temporarily in Canada <input type="checkbox"/> Non-Resident with frequent seasonal visits to Canada <input type="checkbox"/> Immigrating to Canada <input type="checkbox"/> Other. Enter Details:
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2 I verified the identity of _____ by verifying the identity of that individual
(name of individual)

by reference to a **minimum** of two pieces of that individual's identification which are original, valid and in good condition, namely driver's license or passport or birth certificate or any Federal or Provincial / State government issued identification documents which are allowed to be recorded by law and a description of the identification examined by me is as follows:

	Type Of Document*	Document Number	Document Place of Issue <small>Country, Province / State</small>	Date of Issue (dd/mmm/yyyy) <small>(if available)</small>
1				
2				
3				

*** Clear / Clean true certified photocopy of the identification documents are attached**

If passport is used as primary identification, does the passport indicate a US place of birth?

No _____ Yes _____

The identity and identification requirements for the completion of this legal document are subject to and must adhere to the rules and regulations of the Government of Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

Dated this _____ day of _____, 20____.

Signature of individual named in this certificate

Signature and Seal of Lawyer / Solicitor