**ATTESTATION FOR VERIFICATION OF IDENTITY SAMPLE FORM**

**Instructions:** The Agent must photocopy the original document that is being used to verify the identity and ensure that it is legible, unexpired and shows the name of the person who is being verified, the identifying number of the document, the name of the issuing authority, the date of issue and a photograph of that person.

To: Lawyer in charge of file

I hereby certify that:

1. I met with Individual's name on date at town/city, province and verified the individual’s identity by examining the original of this individual’s name of document.
2. To the best of my knowledge and belief, the name of document I have examined is valid and unexpired and was issued on date as number number by authority and the information contained in the name of document is current, correct and complete;
3. The photograph contained in the name of document examined by me is a true likeness of Individual's name; and
4. This document is a true copy of the name of document, the original of which I examined.

Signed by me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Agent

Name of Agent:

Profession or Occupation:

Address:

Phone #:

Client Identification Method: