

CHECKLIST FOR EVERY FILE

Client No./Matter No.: _____

Matter Description: _____

Client Name: _____

Responsible Lawyer: _____

Verification Conducted By: _____

This Form Completed By: _____

Date Completed: _____

Complete this checklist on every file to determine your next steps.

1. I have been retained to provide legal services and I will not be engaging in or giving instructions in respect of financial transactions - if yes, complete the **IDENTIFICATION CHECKLIST**. Yes No

2. I believe this file is exempt from Identification Rules – if yes, go to **EXEMPT FROM IDENTIFICATION CHECKLIST** and complete it. Rule 5-117(2) Yes No

3. I will be engaging in or giving instructions in respect of financial transactions – if yes, go to **VERIFICATION CHECKLIST** and complete it. Rule 5-120 Yes No

4. I have previously verified (and retained a record) for this client in accordance with the January 1, 2020 amended rules and I have no reason to believe the information or the accuracy has changed. Yes No