

IDENTIFICATION CHECKLIST

Client is an Organization

Client No./Matter No.: _____

Matter Description: _____

Client Name: _____

Responsible Lawyer: _____

Identification Conducted By: _____

This Form Completed By: _____

Date Completed: _____

HOW TO IDENTIFY A CLIENT THAT IS AN ORGANIZATION

- My client is an **organization** (eg privately held corporation, trust, partnership, association) and I have obtained and recorded the following information.
Rule 5-118(1)(b)

Full name: _____

Business address: _____

Business telephone: _____

Incorporation number or BIN, and place of issue, if applicable: _____

General nature of my client's business or activity: _____

Name of individual who gives me instructions on this file: _____

Position of individual who gives me instructions on this file: _____

Contact information of individual who gives my client instructions on this file: _____

I understand my client's financial dealings in relation to the retainer. Yes No
Rule 5-117(1)

HOW TO IDENTIFY THE THIRD PARTY MY ORGANIZATION CLIENT IS REPRESENTING

Rule 5-118(1)(c)

- My **organization** client is acting for or representing a third party (eg under a power of attorney or proxy as an insured under a policy issued by my client, as a union member, as the client of an accountant or other professional where my advice has

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been sought, etc.), I have recorded all the same information as for the individual or organization. Rule 5-118(1)(c)

Complete sub-check list below If the third party is an individual: Rule 5-118(1)(a) and (c)

If the third party is an individual: _____

Third party's full name: _____

Third party's home address: _____

Third party's home telephone: _____

Third party's place of employment: _____

Third party's business address: _____

Third party's business telephone: _____

Third party's occupation(s): _____

Complete sub-check list below if the third party is an organization: Rule 5-118(c)

If the third party is an organization:

Full name: _____

Business address: _____

Business telephone: _____

Incorporation number of BIN, and place of issue, if applicable: _____

General nature of the third party's business or activity: _____

Name of individual who gives my client instructions on behalf of the third party organization on this file: _____

Position of individual who gives my client instructions on behalf of the third party organization on this file: _____

Contact information of individual who gives my client instructions on behalf of the third party organization on this file: _____
