

Edward Olkovich Law Professional Corporation

VERIFICATION OF IDENTITY

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

Name: _____

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Original Document Reviewed – Copy Attached

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

Meeting Date Identity
Verified: _____

Identity Verified By: _____

Date File Reviewed by
Lawyer: _____

Name of Lawyer: _____