**CLIENT IDENTIFICATION FORM (Individual or Organization)**

Prior to using the **Client Identification Form (Individual or Organization**) you should review and ensure you are familiar with the client identification requirements set out in [By-Law 7.1](https://lso.ca/about-lso/legislation-rules/by-laws/by-law-7-1). You should also consider reviewing the Law Society’s [Anti-Money Laundering resources](https://lso.ca/lawyers/practice-supports-and-resources/topics/the-lawyer-client-relationship/anti-money-laundering-and-terrorist-financing?lang=en-ca).

Note that this Form should only be used where:

* You are providing legal services to an individual or organizational client, or [third party](http://lso.ca/lawyers/practice-supports-and-resources/topics/the-lawyer-client-relationship/anti-money-laundering-and-terrorist-financing/glossary-of-defined-terms) that the client is acting for or representing, and
* You have determined that none of the [exemptions](https://lawsocietyontario.azureedge.net/media/lso/media/lawyers/practice-supports-resources/client-identification-and-verification-flowchart-en.pdf) to client identification apply in this matter.

If you are engaged in or giving instructions in respect of the receipt, payment, or transfer of funds on behalf of your client, you should also complete the **Client Verification Form for an** [**Individual**](https://lawsocietyontario.azureedge.net/media/lso/media/lawyers/practice-supports-resources/client-verification-form-(individual)-en.docx) **or** [**Organization**](https://lawsocietyontario.azureedge.net/media/lso/media/lawyers/practice-supports-resources/client-verification-form-(organization)-en.docx)**.**

Note that if at any point while retained, including while obtaining the information contained in this Form, you know or ought to know that you are or would be assisting the client in fraud or other illegal conduct, you must immediately cease to and not engage further in any activities that would assist the client in fraud or other illegal conduct and/or withdraw from representation of the client.

If there is more than one client or third party who are you are **required to identify, you should complete one Form for each.**

You should also retain the completed Form as part of your paper or electronic client file in accordance with the record retention requirements set out in [By-Law 7.1](https://lso.ca/about-lso/legislation-rules/by-laws/by-law-7-1).

**Licensees with questions about their identification obligations or how to comply with the requirements should contact the** [**Practice Management Helpline**](https://lso.ca/lawyers/practice-supports-and-resources/practice-management-helpline)**.**

|  |  |
| --- | --- |
| Client No./Matter No.: |  |
| Client/Third Party Name: |  |
| Matter Description: |  |
| Responsible Lawyer/Paralegal: |  |
| Date Identified: |  |

**IDENTIFICATION INFORMATION:**

Client is an **individual**:

|  |  |
| --- | --- |
| Full name: |  |
| Home address: |  |
| Home telephone: |  |
| Business address: |  |
| Business telephone: |  |
| Occupation(s): |  |

Client is an **organization** that is a **financial institution, public body,** or **reporting issuer**:

|  |  |
| --- | --- |
| Full name: |  |
| Business address: |  |
| Business telephone: |  |
| Individual(s) authorized to give instructions: | Name(s): |
| Position(s): |
| Contact information: |

Client is **any other type of organization**:

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| Business address: |  | | |
| Business telephone: |  | | |
| General nature of the type of business or activity: |  | | |
| Incorporation or business identification number: |  | Place of issue: |  |
| Individual(s) authorized to give instructions: | Name(s): | | |
| Position(s): | | |
| Contact information: | | |

Client is acting for or representing a **third party** who is an **individual**:

|  |  |
| --- | --- |
| Full name: |  |
| Home address: |  |
| Home telephone: |  |
| Business address: |  |
| Business telephone: |  |
| Occupation(s): |  |

Client is acting for or representing a **third party** who is an **organization:**

Third party organization is a financial institution, reporting issuer, or public body:

|  |  |
| --- | --- |
| Full name: |  |
| Business address: |  |
| Business telephone: |  |
| Individual(s) authorized to give instructions: | Name(s): |
| Position(s): |
| Contact information: |

Third party is any other type of organization:

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
| Business address: |  | | |
| Business telephone: |  | | |
| General nature of the type of business or activity: |  | | |
| Incorporation or business identification number: |  | Place of issue: |  |
| Individual(s) authorized to give instructions: | Name(s): | | |
| Position(s): | | |
| Contact information: | | |