

CLIENT INFORMATION FORM

COMPANY/ ORGANIZATION

Pursuant to the Law Society of Ontario's By-law 7.1, we are required to collect certain information for the purposes of Client Identification and Verification. Please fill out the following information in full.

Full name of organization:

Business trade names, if any:

Business addresses and phone number:

Organization's incorporation or business identification number:

Place of issue of incorporation or business identification number, if any:

If the organization is a private company, list the general nature of the business and/or activities engaged in by the organization:

Name of the parent corporation and subsidiaries or affiliates, if any:

Name, contact information of the controlling shareholders, if any:

Name, position and contact information for engagement/billing purposes:

Name, position and contact information of all individuals authorized to provide and give instructions on behalf of the organization:

<u>Name</u>	<u>Position</u>	<u>Contact Information</u>
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This form completed by: _____

Name and position

Date:

