

WALKERLAW

CLIENT INFORMATION FORM

INDIVIDUAL

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 individual:

Former names, if any:

Home address and home and mobile phone number:

Occupation(s):`

Business's full name:

Business address and phone number, if any:

The general nature of the type of business(es) or activities engaged in by the individual:

Names of the partners or affiliates of the individual:

Name of a spouse / common law partner:

Name, position and contact information of all individuals who are directing or instructing the individual:

This form completed by: _____

Name and position

Date:

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