

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 numbers:

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 partnerse or affiliates of the individual:

Name of spouse / common law partner:

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

This form was completed by (name and position):

Date: