

Law firms across Canada have been directed to follow *Client Identification and Verification Regulations*. In Nova Scotia, this regulation became effective on November 3<sup>rd</sup>, 2008. Lawyers are now required to know their clients, and in certain circumstances they are also required to verify the identity of their clients. The Federal Government is advancing legislation (*Proceeds of Crime (Money Laundering) and Terrorist Financing Act*) which seeks to prevent money laundering in Canada. The new *Client Identification and Verification Regulations* were developed by the Federation of Law Societies of Canada as part of an ongoing effort to prevent money laundering. As such, the *Client Identification and Verification Regulations* places professional obligations onto lawyers to “know their clients”.

In order to meet these obligations, lawyers must ask specific questions from their clients when opening a file, such as their name, address, telephone number and occupation for an individual. For a corporation, the information required is the business name, address, business telephone number, incorporation number, province of issue, general nature of the business, name and position of contact individual as well as a contact number for the individual.

Certain transactions may require a lawyer to verify the identity of a client. Verification transactions are often triggered by a cash transaction, such as transferring, paying or receiving funds. Verifying involves getting supporting documentation to confirm the information provided is in fact correct. This may be a driver’s licence, a passport, a birth certificate or some other form of identification. This step will apply to existing clients while opening a new matter and new clients alike.

We ask your cooperation and understanding when asked those few extra questions or when asked if you could provide documentation to confirm the information you have provided us.

## IDENTIFICATION

***If Individual please complete this section***

Full Name(s):	_____		
Street Address:	_____	Home Phone:	_____
	_____	Cell Phone:	_____
	_____	Email Address:	_____
Mailing Address: (If different)	_____		
	_____		
Occupation:	_____		
Business Address:	_____	Business Phone:	_____
<i>If applicable</i>	_____		

**INTERNAL USE ONLY - CLIENT VERIFICATION (where client is an Individual)**

<p>Obtain and review original government issued identification of the individual that is valid and has not expired.</p> <p><b>OR</b></p> <p>Exempt <input type="checkbox"/> <i>Reason for Exemption:</i></p>	<p>Original document(s) reviewed/copy attached:</p> <p><input type="checkbox"/> Drivers’ License</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Health Card</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Other Similar Record</p> <p>Date obtained: _____</p> <p>DM Doc #: _____</p>
--	---

**IF CLIENT IS AN ORGANIZATION, COMPLETE INFORMATION ON REVERSE**

**If Organization please complete this section**

**Organization Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address:  
(if different) \_\_\_\_\_

**Person Authorized to Give Instructions:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Incorporation or  
Business ID  
Number: \_\_\_\_\_

Place of Issue: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**INTERNAL USE ONLY - CLIENT VERIFICATION (where client is an Organization)**

**Organization:**

Obtain and review original government issued identification of the individual giving instructions on behalf of the organization that is valid and has not expired.

**AND**

Obtain written confirmation from a government registry as to existence, name and address of organization, including names of all directors and officers.

**AND**

Make reasonable efforts to obtain the names and occupations of all directors and the names, addresses and occupations of all persons who own 25% or more of the shares of the organization

**OR**

Exempt   
Reason for Exemption: \_\_\_\_\_

Original document(s) reviewed/copy attached (*individual giving instructions*):

- Drivers' License
- Birth Certificate
- Health Card
- Passport
- Other Similar Record

Written confirmation obtained from a government registry as to existence, name, address, directors and officer of organization:

- Certificate of Corporate Status
- Annual Filing of the Organization
- Other Similar Record

Obtained for file:

- name and occupation of each director of the organization
- name, address and occupation of each person who owns 25% or more of the organization or of the shares of the organization

Date obtained: \_\_\_\_\_

DM Doc #: \_\_\_\_\_

**Trust or Partnership:**

Obtain and review documentation

**OR**

Exempt   
Reason for Exemption: \_\_\_\_\_

- Trust Agreement
- Partnership Agreement
- Articles of Association
- Other Similar Record

Date obtained: \_\_\_\_\_

DM Doc #: \_\_\_\_\_