JOHN | ANN
HOPE | LORD
BARRISTERS & SOLICITORS

JOHN D. HOPE, BA, LLB
ANN M. LORD, LLB

CLIENT IDENTIFICATION/VERIFICATION FORM

(return via fax: 250.785.2555 or e-mail: office@hopelord.com)

The following information is required from all clients - One form per person please, please fill out all fields

Full Legal Name: _____ _____ _____
(first) (middle, yes we need this) (surname)

Current Address: _____ _____ _____
(street and box no. if applicable) (city, province) (postal code)

Work Information:
Occupation: _____ Employer: _____
Work Address: _____ _____ _____
(street and box no. if applicable) (city, province) (postal code)

Telephone: Home: _____ Cell: _____
(provide at least one number at which we can reach you during business hours)
Work: _____ Truck/other: _____
(provide at least one number at which we can reach you during business hours)

Email: _____ Birth Date: _____
(year - month - date)

I hereby confirm the accuracy of the foregoing information:
☐YES **X**_____
Signature of Client

I hereby consent to have my personal information transmitted over the internet using a non-secure transmission route. I authorize HOPE LORD to communicate with me using the e-mail address provided on this form.

☐YES **X**_____
Signature of Client

OFFICE USE ONLY - DO NOT COMPLETE ANY INFORMATION IN THIS SECTION
YOU MUST PROVIDE 2 OF THE FOLLOWING IDENTIFICATION DOCUMENTS, IN PERSON, TO YOUR LAWYER
IDENTIFICATION DOCUMENTS MUST BE UNEXPIRED, BEAR YOUR PHOTOGRAPH AND SIGNATURE

☐ **IDENTITY VERIFIED BY GOVERNMENT ISSUED ORIGINAL DOCUMENT:**

- ☐ **B.C. Driver's License No. _____** ☐ **COPY ATTACHED**
- ☐ **Birth Certificate No. _____** ☐ **COPY ATTACHED**
- ☐ **Health Insurance Card No. _____** ☐ **COPY ATTACHED**
- ☐ **Passport No. _____** ☐ **COPY ATTACHED**
- ☐ **Other . _____** ☐ **COPY ATTACHED**

☐ **IDENTITY OBTAINED, VERIFIED AND DOCUMENTED BY ANOTHER CANADIAN LAWYER:**

- ☐ **Counsel _____** ☐ **COPIES ATTACHED**
  Date Confirmed _____