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**J. Blake Nichol Professional Corporation  
BARRISTER & SOLICITOR**

**VERIFICATION OF IDENTITY**

**(For use where client, beneficiary or principal is an individual)**

Full Legal Name: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_

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

Employer Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

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

Occupation(s): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**Original Document Reviewed – Copy Attached**

Date Identity Verified: \_\_\_\_\_

Lawyer: \_\_\_\_\_

File No.: \_\_\_\_\_

Date File Reviewed by Lawyer: \_\_\_\_\_