



Legal Counsel

CKLLP Use Only:

VERIFICATION OF IDENTIFICATION

(For use where the client or the third party is a Condominium Corporation)

CORPORATION NAME:	
PROPERTY ADDRESS:	
CORPORATION PHONE #:	

PROPERTY MANAGER (Person Authorized to Instruct Counsel)

MANAGEMENT COMPANY:			
BUSINESS ADDRESS:			
PHONE #:			
FAX #:			
WEBSITE (IF ANY):			
ASSIGNED MANAGER:			
DIRECT PHONE #:			
EMAIL ADDRESS:			
<i>If requested, please provide:</i>	<input type="checkbox"/> Driver's Licence – see attached Front and back with signature – (enlarged 200%)		
IDENTITY VERIFIED BY:		DATE VERIFIED:	
SIGNATURE:			

Other Person(s) Authorized to Instruct Counsel

NAME:			
POSITION:			
ADDRESS:			
PHONE #:			
EMAIL:			
<i>If requested, please provide:</i>	<input type="checkbox"/> Driver's Licence – see attached Front and back with signature – (enlarged 200%)		
IDENTITY VERIFIED BY:		DATE VERIFIED:	
SIGNATURE:			

NAME:			
POSITION:			
ADDRESS:			
PHONE #:			
EMAIL:			
<i>If requested, please provide:</i>	<input type="checkbox"/> Driver's Licence – see attached Front and back with signature – (enlarged 200%)		
IDENTITY VERIFIED BY:		DATE VERIFIED:	
SIGNATURE:			



Legal Counsel

CKLLP Use Only:

Board of Directors

NAME:	
POSITION:	
ADDRESS:	
PHONE #:	
EMAIL:	

NAME:	
POSITION:	
ADDRESS:	
PHONE #:	
EMAIL:	

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