

IDENTIFICATION VERIFICATION FORM

Full Name

Date of Birth

Occupation

Identification Viewed

Type

Number

Place of Issue

Type

Number

Place of Issue

Full Name

Date of Birth

Occupation

Identification Viewed

Type

Number

Place of Issue

Type

Number

Place of Issue

Address:

Phone:

Email:

CERTIFICATION

I, _____, a Notary Public in and for the Province of ***

hereby certify that I have obtained the above information in relation to the following persons:
and _____
and have confirmed their identify by
means of reviewing originals of the documents noted above. Attached to my certificate as
Schedule "A" is a true copy of the original documents, initialed by the undersigned.

Certified in Kingston, Province of Ontario on this _____ of _____, 2009.

A Notary Public in and for the Province
of Ontario
(Please print name and affix seal of office)