

ATTESTATION FORM FOR IDENTITY VERIFICATION

I AM A CANADIAN PROFESSIONAL IN THE CATEGORY BELOW:

(Please check the appropriate box and attach your business card)

- ☐ Doctor
- ☐ Dentist
- ☐ Chiropractor
- ☐ Judge
- ☐ Magistrate
- ☐ Lawyer
- ☐ Notary Public
- ☐ Optometrist
- ☐ Pharmacist
- ☐ Professional Accountant (APA, CA, CGA, CMA, PA or RPA)
- ☐ Professional Engineer
- ☐ Veterinarian

I attest to and guarantee the following:

(i) I have met with _____ in person on _____.
(Name of Account Applicant) (Date)

(ii) I have examined the original photo-identification document and have attached a true photocopy.
(Please check one box, record information and attach a legible photocopy of both sides of the photo-ID document)

- ☐ Canadian Passport Number: _____
- ☐ Driver's License Number and Province of issue: _____

(iii) I agree to act as a guarantor with respect to verifying the identity of _____.
(Name of Account Applicant)

Dated this ____ day of _____, 201_, in the City of _____.

(Signature of Guarantor)

(Print Name of Guarantor)