

AGENT EXAMINATION OF IDENTIFICATION FORM

(Individual Borrower/Guarantor/Beneficial Owner)

N NO.:		
attact th	at (i) Lundaratand and assay	nt that I am acting as an agent
or the purpose of ascertain er listed below; (ii) I am cur onally met with each individuats from the list in Appendix ix A, and has been verified trancing Regulations of Car	ing the identity of the Borro rrently in good standing and ual; (iv) I have examined one . A as recorded below, which by me in accordance with the standard of the standard	ower, Guarantor, Consenting entitled to practice law without valid and current (unexpired) in includes a photograph of the the Proceeds of Crime (Money
or/Beneficial Owner/Consenting Sp	ouse/Signing Officer	
I 1	EMPLOYER NAM	E DATE OF BIRTH
ify ID type and number)	EXPIRY DATE	PLACE OF ISSUANCE
ERTIFICATION (not required for	or guarantor):	
e is for:		
ot for the benefit of any third	o the benefit of a thir	rd party**
SON CERTIFICATION:		
n the table below. erson (PEPF) – (living or deceleration of government erowned company erowned bank lent rank) in government	eased, current or ever held) Head of state Head of government Head of government Judge of a supremelast resort	□ NO □ YES agency court, constitutional court or other court of ank of general or higher
Middle initial	Last name	Relationship to borrower
Organization or institution	Position held	
ommons lent rank) in government	 Military officer with ra Head of government President of a corpor Crown Judge of an appellate Judge of the federal Judge of a supreme 	ank of general or higher agency ration that is wholly owned directly by the e court in a province court of appeal
		ERTIFICATION (not required for guarantor): a is for: but for the benefit of any third Company Compan



Dalik			
Head of an International Organ	nization (HIO) – (currently held	i) □ NO □ YES	
organization. An international organization	zation is an organization set up by the	ganization or the head of an institution on the governments or more than one cour rnational organizations include, but not	ntry and established by means of a
 North Atlantic Treaty Organ Organization for Economic International Monetary Fur World Bank Group World Health Organization La Francophonie 	: Co-Operation and Development (C nd (IMF)	DECD)	
First name (HIO) if not borrower	Middle initial	Last name	Relationship to borrower
Country where position held	Organization or institution	Position held	<u> </u>
BORROWER SIGNATURE:			
"entrepreneur" or "Signing Officer" the industry in which it is performed a pe	is not acceptable. The job title id. r common-law partner, children/ the borrower. ne who is closely associated with the determination that someone is the elementary of the borrow the performan of the	wer; er; or or close friendship between a PEP :	ct the nature of the work and ep-sibling of the borrower, or ness reasons. Examples of ver include, but are not limited
is not a "politically exposed Laundering) and Terrorist Fit	foreign person" as that ter nancing Act. tification provided by eacl	eed by each of the above-note m is defined in the <i>Proceeds</i> h of the above individuals an shown in the photo ID is, in e	of Crime (Money d attached hereto is valid
Signature of Notary or Solici	tor or Agent		
Name (please print)		Date:	



APPENDIX A – AGENT'S INSTRUCTIONS TO COMPLETING THE AGENT'S EXAMINATION OF IDENTIFICATION FORM

CMLS requires the solicitor/notary/agent to confirm having met with and verified the identity of all borrower(s), and if applicable, consenting spouse(s), guarantor(s), and/or third parties. One Agent Examination of Identification Form must be completed for each individual involved in the transaction.

The verification of identity must occur in person, with one piece of identification that has been issued by a Canadian federal, territorial or provincial government, and contains a clear photograph. The identification must also include the name of the individual being identified, and a unique identifier number.

NOTE: No other form of identification other than what is listed below is acceptable. All identification must be original, valid, completely legible and in good condition. Dark or illegible copies will not be accepted. The identification must be reviewed by the agent to ensure there are no signs that it has been forged or falsified in any way.

Acceptable Forms of Identification.

Issuing jurisdiction/country	
Canada	
British Columbia, Canada	
Alberta, Canada	
Saskatchewan, Canada	
Manitoba, Canada	
Ontario, Canada	
Quebec, Canada	
New Brunswick, Canada	
Nova Scotia, Canada	
Prince Edward Island, Canada	
Newfoundland and Labrador, Canada	
Yukon, Canada	
Northwest Territories, Canada	
Nunavut, Canada	
The Department of National Defense, Canada	
British Columbia, Canada	
Alberta, Canada	
Saskatchewan, Canada	
Manitoba, Canada	
Ontario, Canada	
New Brunswick, Canada	
Nova Scotia, Canada	
Prince Edward Island, Canada	
Newfoundland and Labrador, Canada	
Yukon, Canada	
Northwest Territories, Canada	
Nunavut, Canada	
British Columbia, Canada	

NOTES:

- 1 In Quebec, driver's license may not be requested but can be used if offered.
- ² In Manitoba, Ontario and Prince Edward Island, provincial health card may not be used for identification purposes; in Quebec, provincial health card may not be requested but can be used if offered.
- ³ Government of Canada or Provincial or Municipal Government ID cards are not acceptable as forms of identification for this purpose. These pieces of identification are considered employer ID's, and not government issued ID's.



APPENDIX B - THIRD PARTY VERIFICATION FORM

PLEASE COMPLETE ONLY IF YOU HAVE INDICATED THAT THE MORTGAGE IS FOR THE BENEFIT OF A THIRD PARTY, AS INDICATED ON THE AGENT EXAMINATION OF IDENTIFICATION FORM

Complete for an Individual:

Full Name:	
Address:	
City:	Province:
Country:	Postal Code:
Occupation₁:	Date of Birth:
	employed", "consultant", "investor", "business owner", "businessman" le. The occupation must clearly reflect the nature of the work and the OR
Name of Business:	
Nature of Business:	
Incorporation Number and Place of Issue:	
Address:	City:
Country:	Postal Code:
	wner of the property on closing and the Third Party? □ Friend □ Relative □ Trustee
, , , , , , , , , , , , , , , , , , ,	
dditional Comments:	
Name of Person and Firm completing this Form:	
Signature:	Date: