

Client Signature and Identity Verification Form

Instructions: Please complete this form in ink. This document is required to verify the client's identity and record their signature for file authentication.

Section 1: Client Personal Information

Full Legal Name:

Date of Birth (DD/MM/YYYY):

Phone Number:

Email Address:

Residential Address:

Section 2: Identity Verification Document

Please present a valid, government-issued photo ID (e.g., Passport, Driver's License, National ID Card).

Type of Identification Document:

Document/ID Number:

Date of Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Issuing Authority/Country:

Section 3: Client Acknowledgment & Signature

I hereby certify that the information provided above is true, accurate, and complete. I authorize the organization to verify my identity using the document details provided.

Client Printed Name:

Client Signature (Sign within the box):

Date Signed (DD/MM/YYYY):

Section 4: Office/Verifier Use Only

To be completed by the authorized representative verifying the client's identity.

Verifier Full Name:

Title / Role:

Verification Method:

Verifier Signature:

Verification Date (DD/MM/YYYY):