CLIENT VERIFICATION RECORD KEEPING AND RETENTION CHECKLIST

Clie	nt No./Matter No.:			
Mat	tter Description:			
Clie	nt Name:			
Res	ponsible Lawyer:			
Con	nducted By:			
This Form Completed By:				
Date Completed:				
ι	. I have obtained and retained a copy or maintained in electronic, universal readable format, every document used to verify the identity of my client. Rule 5-126		Yes 🗖	No 🗖
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