Completing action of for train	nsaction of
Please copy this page for each additional person	

Information about the person beneficiary (if applicable)		
*Surname:	*Given name:	
Other/Initial:	Alias:	
Username:	Client number:	
House/Building number: Apt/Room/Suite/Unit number:		
*Street address:		
*City:	District:	
*Province or state:	Sub-province and/or sub-locality:	
*Country:	Postal or zip code:	
Telephone number (with area code): Extension number:		
Email address:		
Date of birth:		
YEAR MONTH DAY		
Country of residence:		
Occupation:		
Name of employer:		

## Identification document or information of the person and associated number

\*Identifier type 1:

Birth certificate Driver's licence Permanent resident card Record of landing **Certificate of Indian Status** Government issued identification Provincial health card Travel visa Insurance documents Provincial or territorial identity card **Utility statement** Citizenship card Record of employment Credit file Passport Other (provide description below)

Other description

\*Number associated with identifier type:

\*Jurisdiction of issue (country):

\*Jurisdiction of issue (province or state):

\*Identifier type 2 — Only complete this section if the dual process method was used to verify the person's identity.

Birth certificate Driver's licence Permanent resident card **Record of landing Certificate of Indian Status Government issued identification** Provincial health card Travel visa Citizenship card Provincial or territorial identity card **Utility statement** Insurance documents Credit file Record of employment Other (provide description below) Passport

Other description

\*Number associated with identifier type:

\*Jurisdiction of issue (country):

\*Jurisdiction of issue (province or state):