

FORM F

[Form F amended, 2004 03 13]

(Paragraph 39(1)(d), 49 (2)(d),
53(2)(c) and 83(1)(a))

STATUTORY DECLARATION

To: The Law Society of Nunavut:

I, _____ of _____

SOLEMNLY DECLARE THAT:

- (a) I am applying for membership in the Law Society of Nunavut;
- or*
- (b) I am applying for a change of status from an inactive to an active member of the Law Society;
- [delete (a) or (b) as applicable]*
- (c) I will not maintain a client’s trust account in Nunavut with respect to that membership;
- (d) If I do set up a client’s trust account in Nunavut I will immediately notify the Law Society of Nunavut and I will comply with the *Rules of the Law Society of Nunavut* and any other requirements of the Law Society; and
- (d) I make this declaration in lieu of completing an Accountant’s Report in Form E under the *Rules of the Law Society of Nunavut*, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME at the _____

of _____ in the _____

this _____ day of _____, 20_____

Commissioner for Oaths/Notary Public

(signature of declarant)

INSURANCE EXEMPTION CERTIFICATE AND UNDERTAKING

To: The Executive
Law Society of Nunavut

I, _____, HEREBY CERTIFY THAT:
(print or type name)

INSTRUCTIONS, DELETE #1 OR #2, AS APPROPRIATE

1. (a) I am an active member or am applying for membership in the Law Society of Nunavut;
- (b) I am employed by, and my professional services are provided exclusively to:
- (i) a government or government agency; or
 - (ii) an employer who does not practice law; and
- (c) I do not render or will not be rendering legal services of any kind to the public in Nunavut.

or

2. (a) I am an active member or am applying for membership in the Law Society of Nunavut;
- (b) I do not ordinarily reside or carry out my principal practice of law in Nunavut;
- (c) I am covered by errors and omissions insurance which provides indemnification to a minimum of \$1,000,000.00 and which covers my practice of law in Nunavut, which insurance is carried through:

_____; and
(Name of Insurer and Law Society)

- (d) I will provide further information, upon request, respecting my insurance coverage.

I UNDERTAKE to notify the Law Society immediately if there is a change in my status such that the foregoing statements are no longer applicable.

DATED at _____, this _____ day of _____, 20 _____ .

(Witness)

(Signature)

