

Change of Status

Inactive to Active

Law Society of Nunavut Membership

Note : This is a direct fill-inform

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NUNAVUMI MALIGALIQUQTTI
LAW SOCIETY OF NUNAVUT
BARREAU DU NUNAVUT



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Turaarut 149
Iqaluit, NU X0A 0H0
P.O. Box 149
Iqaluit, NU X0A 0H0
Case postale 149
Iqaluit, NU X0A 0H0

Tel: 867-979-2330
Fax: 867-979-2333
Email: administrator@lawsociety.nu.ca
Website: www.lawsociety.nu.ca

TO: The Secretary
Law Society of Nunavut

I, _____, of _____, hereby apply
(full name)
to change my status from an inactive member to an active member of the Law Society of Nunavut.

1. The address to which correspondence is to be sent to me is _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

2. I have been an inactive member since _____.

3. As an active member, I will be practicing law with the following firm or employer under the firm name of :

(name of firm or employer)

(business address of firm or employer)

4. I will be principally practicing law in _____.
(name of jurisdiction)

5. (1) I am or have been a member of the following law societies, or comparable bodies, for the following periods of time:

(2) Since the later of my Application for Admission (Form D) or my last Application for Renewal (Form T), I have been actively engaging in practicing law in the following jurisdictions for the following periods of time:

(3) Since the later of my Form D or last Form T, no disciplinary proceedings are pending or have been taken against me as a member of the societies or bodies listed in subsection (1) except:

(4) The results of any disciplinary proceedings taken against me were:

(5) Since the later of my Form D or last Form T, no claims for lawyer's professional liability insurance are pending or have been made against me as a member of the societies or bodies listed in subsection (1) except:

(6) The results of any claims for lawyer's professional liability insurance listed in subsection (5) were:

6. Annexed to this application are:

- (a) a certificate from each provincial or territorial law society or comparable body of which I am a member stating:
 - (i) that I am in good standing;
 - (ii) the period of time which I have been listed as an active member of the society or body;
 - (iii) whether disciplinary proceedings are pending against me;
 - (iv) the nature and disposition of any disciplinary action that has been taken against me;
- (b) an Accountant's Report in Form E *or* my Statutory Declaration in Form F *or* a statement indicating that I am joining a partnership that, or am becoming associated with a member who, has filed a Certificate of Accountant and Member in Form V;
- (c) the Insurance levy or my insurance Exemption Certificate and Undertaking;
- (d) the assurance fund levy; and
- (e) the prescribed fees for a change of status to an active member.

7. I certify that the information I have provided in or annexed to this application is correct.

Dated at _____ on _____ .
(place) *(date)*

(signature of applicant)



LAW SOCIETY OF NUNAVUT

Form F

STATUTORY DECLARATION

I, _____

of _____, in _____

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 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 _____)

this _____ day of _____,)

20_____.)

 Commissioner for Oaths, Notary Public, or other
 authorized persons)

(Declarant's name)

NB. IF THIS DOCUMENT IS EXECUTED OUTSIDE OF NUNAVUT, IT MUST BE SWORN BEFORE A NOTARY PUBLIC UNDER SEAL, A PERSON AUTHORIZED UNDER THE LAWS OF QUEBEC TO ADMINISTER OATHS IN THAT PROVINCE, OR ANY OTHER PERSON ENUMERATED IN SECTION 67 OF NUNAVUT'S EVIDENCE ACT.

**IF THIS DOCUMENT IS EXECUTED OUTSIDE OF NUNAVUT,
 IT MUST BE SWORN BEFORE A NOTARY PUBLIC, UNDER SEAL**



LAW SOCIETY OF NUNAVUT

FORM E

ACCOUNTANT'S REPORT

1. On _____, 20____, I (or we) inspected the books of account
of the legal practice of _____.
2. The purpose of (or *our*) attendance was to ascertain the nature of the books of account kept by
the member.
3. Based on the inspection, I (or we) report:
- (a) that the books of account kept by the member are sufficient to meet the requirements of
section 81 of the *Rules of the Law Society of the Nunavut*;
 - (b) that the member has opened an account designated as a client's trust account for trust
monies as required by section 44 of the *Legal Profession Act (Nunavut)*;
 - (c) that the fiscal year of the member ends on _____
in each year.

Dated at _____ in Nunavut on the _____ day of _____, 20____.

(Signature of Accountant)



LAW SOCIETY OF NUNAVUT

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*)

)
)
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)
)

 (*Signature*)