



LAW SOCIETY OF NUNAVUT

FORM R

APPLICATION FOR CHANGE OF STATUS TO AN ACTIVE MEMBER OR FOR REINSTATEMENT OF A MEMBER WHO RESIGNED

TO The Secretary Law Society of Nunavut

I,	, of	 hereby apply

□ to change my status from an inactive member to an active member of the Law Society of Nunavut.

<u>OR</u>

- □ for reinstatement as an active member of the Law Society of Nunavut after having resigned.
- 1. The address to which correspondence is to be sent to me is

Telephone number ______

Fax number _____

I have been an inactive member since ______ 2.

<u>OR</u>

I resigned as a member on

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

(name of firm or employer)

(business address of firm or employer)

4. I will be principally practising 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 engaged in practising 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 lawyers' 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 lawyers' professional liability insurance listed in subsection(5) were:

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

If signed by hand,				
Dated at	in on the day of,			
20				
	Signature:			
If signed electronically,				
Signature:	Date:			
By checkin	the box, I hereby			
• ac	 certify that all information provided by me in this document is true. acknowledge that my electronic signature is the legally binding equivalent of my handwritten signature. 			