



LAW SOCIETY OF NUNAVUT

FORM R.1

NOTICE OF CESSATION OF PRACTICE OR CHANGE OF STATUS A) SOLE PRACTITIONER

TO The Executive Law Society of Nunavut

I,, of _		hereby
provide notice in accordance with section 5	58 of the Law Society Rules that effecti	ve
, 202:		
□ I am changing my practice status in Nur	navut from active to inactive	
\Box I am withdrawing from private practice	in Nunavut but am remaining an acti	ve member of
the Society		
□ I am ceasing my practice in Nunavut and	d am resigning from the Law Society of	Nunavut
1. My contact information is:		
City/Town:	Territory/Province:	
Postal Code:		
Telephone:	Fax:	
Email:		
2. My business contact information is (if dif	ferent from above):	

City/Town:	_ Territory/Province:
Postal Code:	
Telephone:	Fax:
Email:	

If you are leaving the practice of law in Nunavut **as a sole practitioner,** please answer the following questions. If you answer "no", please give further information.

a) I have arranged with each of my clients to transfer or close my open files with those clients.

 Yes
 No

b) I have arranged for wills, titles and any other important or valuable documents within my control that relate to my practice in Nunavut to be returned to the client or transferred to the possession of another person as instructed by the client.

c) I have arranged for non-documentary valuables within my control that relate to my practice in Nunavut to be returned to the client or transferred to the possession of another person as instructed by the client
 C) Yes

d) With respect to all money and other property held in trust for a client or other person, I have returned the money and property to the client or other person on whose behalf it is was held, or under a written arrangement with the client or other person on whose behalf it was held, transferred the money or property to another active member subject to any conditions that apply to the money or property under the written arrangement.

 \Box Yes \Box No

 e) My books, records and accounts and any important documents in relation to my practice in Nunavut will be stored at the following address:

I solemnly declare that the information provided in this notice is complete and accurate as of today's date. I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

If signed by hand,			
Dated at	in	on the day of	
20			
		Signature:	

If signed electronically,				
Signature:	Date:			
🗆 By che	ecking the box, I hereby			
•	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.			