

LAW SOCIETY OF NUNAVUT

FORM R.1

NOTICE OF CESSATION OF PRACTICE OR CHANGE OF STATUS C) EMPLOYEE

l,	, of	hereby					
provide notice in acco	rdance with section 58 of the Law Societ	y Rules that effective					
, 202	_;						
☐ I am changing my	practice status in Nunavut from active to	inactive					
\square I am withdrawing	from private practice in Nunavut but am	n remaining an active member o					
the Society	the Society						
☐ I am ceasing my practice in Nunavut and am resigning from the Law Society of Nunavut							
		The Law Society of Nunavat					
Tam ceasing my pr My contact informa		Title Law Society of Nunavat					
1. My contact informa		·					
1. My contact informa	tion is: Territory/Province	·					
1. My contact informa City/Town: Postal Code:	tion is: Territory/Province	ce:					

City/Town:		Territory/Province:						
Postal	l Code:							
Teleph	hone: F	Fax:						
Email:	:							
•	-	avut as an employee , please answer the follow	ving					
questions. If you answer "no", please give further information.								
a) Please indicate your employer's name and address:								
b) All open and closed files and important documents within my control that relate to my								
	practice in Nunavut will remain with m	ny employer. \square Yes \square N	lo					
I soler	mnly declare that the information provi	ided in this notice is complete and accurate a	s of					
today'	's date. I make this declaration conscient	tiously believing it to be true and knowing that	it is					
of the	same force and effect as if made under	oath.						
If sign	ned by hand,							
Dated	I at in	on the day of,						
20								
		Signature:						

If sign	ed ele	ectronically,		
Signature:			Date:	
	By ch	hecking the box, I hereby		
	•	certify that all information provacknowledge that my electronic	•	

handwritten signature.