

City/Town: _____ Territory/Province: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

If you are leaving the practice of law in Nunavut as an **employee**, please answer the following 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 my employer. Yes No

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 checking 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.