



LAW SOCIETY OF NUNAVUT

FORM R.1

NOTICE OF CESSATION OF PRACTICE OR CHANGE OF STATUS D) INACTIVE

TO The Executive Law Society of Nunavut

I,, of _		hereby
provide notice in accordance with section	58 of the Law Society Rules that effecti	ve
, 202:		
□ I am changing my practice status in Nu	navut from active to inactive	
\Box I am withdrawing from private practice	e in Nunavut but am remaining an acti	ve member of
the Society		
□ I am ceasing my practice in Nunavut an	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 different from above):		

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

If you are changing your practice status in Nunavut to **inactive**, please indicate the address where your files, books, records and accounts and any important documents that relate to your practice in Nunavut will be stored.

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:	

it signed elect	ironically,
Signature:	Date:
🗆 By che	cking 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.