## **Application**

## **Returning to Practice**

**PART A: Name and address** 



845 Cambie Street, Vancouver, BC, Canada V6B 4Z9 t 604.669.2533 | BC toll-free 1.800.903.5300 Registration & Licensee Services 604.605.5311 | f 604.687.0135 TTY 604.443.5700 Email registration@lsbc.org | lawsociety.bc.ca

An application for returning to practice may be made by non-practising members or retired members who want to return to active practice. All applicants must complete Part A of this form. Those applying for full-time professional liability indemnification must complete Part C. Those applying for the part-time professional liability indemnification discount must complete Part D. Those applying for an exemption from professional liability indemnification must complete Parts E, F, and G.

1. Given Name(s)				Surname			
2. Practice Add	dress						
Firm name							
Street						City	
Province/State			Country			Postal/ZIP code	
Telephone			Fax		Email		
3. Mailing Add	ress (if different	from abov	ve)				
Street						City	
Province/State			Country			Postal/ZIP code	
Telephone			Fax		Email		
4. I request rele effective:	ease of my under	rtaking not	to engage i	n the practice of law	in order to	requalify to practising status	
Date (MMM/DD	O/YYYY)						
PART B: Re	turning to pr	actice c	onditions				
of the activities practice of law. you believe are	in which you have Using the space	ve been er below, de conditions	ngaged durir escribe the a	ng the past five year activities in which yo	s and wheth u have enga	se conditions depend on the nature ner these activities constitute the aged during the past five years that o confirm "how often" you engaged	
From (MMM/YYYY)	To (MMM/YYYY)	Name of	employer	Brief description	of employn	nent	
						(continued on port page	

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☐ Engaged in the practice of law for no fee, gain or reward, whether direct or indirect, from the person(s) for whom

the services are provided (pro bono).

Date

	Provide research and opinion services to an indemnified member and have no client contact whatsoever (includes law professors rendering research and opinion services to government).				
	Reside* outside of British Columbia and am not engaged in the practice of BC law.				
	Reside* outside of British Columbia in a Canadian jurisdiction, am a member of that jurisdiction's law society, am entitled to practise law in that jurisdiction, and maintain the full professional liability insurance or indemnification coverage required in that jurisdiction.				
	Are a Canadian Legal Advisor authorized to practise law in BC and maintain full professional liability insurance coverage required by the Barreau du Québec that extends to your practice in BC.				
	have part of your practice that is not represented by one of these options. If so, please explain:				
* Resi (Cana	dent has the meaning, with respect to a province, that it has with respect to Canada in the <i>Income Tax Act</i> ada).				
PAR	Г G: Declaration of applicant				
am cla	re that the information I have provided in this application form accurately describes my practice status and that I iming an exemption from payment of the annual indemnity fee for the compulsory professional liability indemnity Should my practice description change, I will inform Member Services of the Law Society, immediately.				

Application: Returning to Practice

Signature of applicant

The information in this form is collected in accordance with Law Society Rules 2-9, 2-10, 2-11 and 2-89, and section 26(c) of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165. The information will be used to process your application for returning to practice. If you have any questions about the collection and use of this information, contact Registration & Licensee Services at registration@lsbc.org.

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