

Notification of Date of Birth

The Law Society
of British Columbia



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Maternity Leave Benefit Loan Program

Please complete all relevant sections and forward to the Controller at the Law Society of British Columbia, 845 Cambie Street, Vancouver, British Columbia, V6B 4Z9.

PART A: Applicant information		
Given Name(s)		Surname
Address		
City	Province	Postal
Telephone	Email	
Member number		
PART B: Applicant's declaration		
I _____ declare that,		
1. My child's date of birth is: (YYYY/MM/DD) _____		
2. I understand that my child's date of birth is the start date of the loan; and		
3. The information on this form is true and complete.		
_____		_____
Date		Signature of applicant

The information on this form is collected under authority of the Legal Profession Act. The information provided will be used to process your Maternity Leave Benefit Loan application. If you have any questions about the collection and use of this information, contact the Controller, Law Society of British Columbia, 8th Floor, 845 Cambie Street, Vancouver, BC V6B 4Z9, Tel. 604.669.2533.