

Application

Payment of Unclaimed Trust Money to the Law Society

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

**Please email completed Application to unclaimed@lsbc.org
Do not mail the cheque until your Application is approved.**

| PART A: Contact information | | |
|--|-----------------|-----------|
| Name of law firm | | Date |
| Responsible lawyer | | |
| Street address | | City |
| Province/State | Postal/ZIP code | Telephone |
| Name of custodian (if applicable) | | |
| Street address | | City |
| Province/State | Postal/ZIP code | Telephone |
| The information on this form is collected under the authority of Rule 3-89 (1) and (2) of the Law Society Rules, which is as follows: 3-89 (1) A lawyer who has money in trust on behalf of a person whom the lawyer has been unable to locate for 2 years may apply to the Executive Director to pay those funds to the Society under section 34 [<i>Unclaimed trust money</i>]. (2) A lawyer must make the application referred to in subrule (1) in writing containing all of the following information that is available to the lawyer: (a) the full name and last known mailing address of each person on whose behalf the lawyer held the money; (b) the exact amount to be paid to the Society in respect of each such person; (c) the efforts made by the lawyer to locate each such person; (d) any unfulfilled undertakings given by the lawyer in relation to the money; (e) the details of the transaction in respect of which the money was deposited with the lawyer. | | |

The information on this form is collected under authority of section 34 of the Legal Profession Act and Part 3, Division 8 of the Law Society Rules. The information provided will be used to administer the unclaimed trust money. If you have any questions about the collection and use of this information, contact Member Services at the Law Society of British Columbia, 845 Cambie Street, Vancouver, BC V6B 4Z9, telephone 604.669.2533.

For Law Society use only

Approved by:

| PART B: Trust amount information | | |
|---|-----------------|-------|
| Client A | | |
| Name of rightful owner(s) of funds | Amount | |
| Last known address | | |
| Province/State | Postal/ZIP code | City |
| Telephone | Fax | Email |
| For corporate clients please provide name, address and telephone number for contact person(s), officer(s) and/or directors | | |
| Efforts to locate client (telephone directory/criss-cross searches, internet searches conducted, etc.) | | |
| Unfulfilled undertakings in relation to these trust funds <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' please provide details | | |
| Details of the transaction in which the funds were deposited in trust | | |
| Date of last contact with client (must exceed two years) | | |
| Other information | | |
| Client B | | |
| Name of rightful owner(s) of funds | Amount | |
| Last known address | | |
| Province/State | Postal/ZIP code | City |
| Telephone | Fax | Email |
| For corporate clients please provide name, address and telephone number for contact person(s), officer(s) and/or directors | | |
| Efforts to locate client (telephone directory/criss-cross searches, internet searches conducted, etc.) | | |
| Unfulfilled undertakings in relation to these trust funds <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' please provide details | | |
| Details of the transaction in which the funds were deposited in trust | | |
| Date of last contact with client (must exceed two years) | | |
| Other information | | |