Law Society
of British Columbia

Authorization

To: Law Society of British Columbia
845 Cambie Street
Vancouver, BC V6B 4Z9

I, _____ give permission for _____
Name of Complainant — Name of Person Authorized

to communicate with the Law Society of BC on my behalf about Complaint File Number _____. I confirm that this Authorization has been read to me in a language that I understand. A photocopy or faxed copy of this Authorization shall be as valid and binding as the original.

Contact information for authorized person:

Address: _____

_____

_____

Phone: _____

Email: _____

Dated this _____ day of _____, _____,
Day — Month — Year

at _____, _____
City — Province or State

_____ _____
Signature of Witness **Signature of Complainant**

_____
Name of Witness