Law Society of Yukon

#304 – 104 Elliott Street Whitehorse, Yukon Y1A 0M2 Phone: 867-668-4231

Fax: 867-667-7556

FORM 41

Certificate of Permission to Act Renewal Application & Declaration

1. Name			
Last Name	First Name		Middle Name(s)
2. Business Addr	956		
Name of Firm/Employe			
Street			
Succi			
C'.	D : //E :/		D +1C 1
City	Province/Territory	Country	Postal Code
T. 1 . 1		T 1 4 11	
Telephone ()	Fax ()	E-mail Address	
3. Date Original	Certificate was Issued		
Year:	Month:		Day:
Style of Cause or Matte	r:		

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4. Fees				
I confirm that my Certificate of Permission to Act in the Yukon fees are attached:				
Annual Renewal Fee of \$350				
Exemption from Special Fund Levy				
I undertake that I have read Sections 45, 47 and 49 of the <i>Legal Profession Act</i> and understand the requirements and provisions of the Special Fund. I am exempt from paying the Special Fund Levy for the following reason:				
No property that belongs to another person will be entrusted to or received by me in my capacity as a barrister or solicitor.				
AND/OR				
I am a public officer or a member of the public service.				
I undertake that should the above-noted situation change, I will immediately notify the Law Society of Yukon and make immediate remittance to the Law Society of Yukon of the Special Fund Levy.				
5. Professional Liability Insurance				
As of the date of this application there is in place a policy of professional liability insurance in respect of my practice of law in the Yukon Territory				
OR				
I qualify for exemption from the requirement for professional liability insurance.				
6. Certificate of Standing				
I am not aware of any new professional complaints, discipline matters or criminal charges arising since the date I first made application for this Certificate of Permission to Act;				
OR I am aware of a new professional complaint, discipline matter or criminal charge arising since the				
date I first made application for this Certificate of Permission to Act in the Yukon. Please provide the details, including dates.				
DECLARATION				
I solemnly declare that the statements made in this Application are true.				
Sworn before me at the of) in the Province/Territory of) this day of, 20)				
Notary Public or Commissioner for taking Oaths in and) Signature				
for the Province/Territory of)				

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