

*NOTE: All fields on this form must be completed. One form must be submitted for each trust ledger account.*

**A. MEMBER OR FIRM INFORMATION**

Member or Firm Name: \_\_\_\_\_  
Member or Firm Address: \_\_\_\_\_  
Member or Firm  
Telephone Number: \_\_\_\_\_  
Responsible Lawyer: \_\_\_\_\_  
Firm File Number: \_\_\_\_\_

**B. CLIENT OR CLAIMANT INFORMATION**

File Name: \_\_\_\_\_  
Name and last known address of person who is entitled to funds:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If more than one person is entitled to funds, list names, amounts each is entitled to, and answer all applicable questions for each person individually.*

If person is a corporation, current status of corporation with Corporate Registry:  
\_\_\_\_\_

Length of time money held for client:  
\_\_\_\_\_

Attempts to contact client in past two years *(state dates, methods and addresses involved)*:  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

Has the Public Trustee been contacted (if the client is a natural person only)?    **YES**     **NO**

If yes, state the results of the contact:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. FILE INFORMATION

Name of Action:

\_\_\_\_\_

Name of Client:

\_\_\_\_\_

Last Known Address:

\_\_\_\_\_

Last Known Telephone  
Number:

\_\_\_\_\_

Dollar Amount Enclosed  
and Date of Receipt of  
Money:

\_\_\_\_\_

Information useful in confirming validity of client's claim to these funds, including the nature of the trust and the circumstances in which it arose:

\_\_\_\_\_

Are these funds subject to trust conditions?  
(If yes give complete details)

YES

NO

\_\_\_\_\_

\_\_\_\_\_

D. CERTIFICATION

I, \_\_\_\_\_ of \_\_\_\_\_, Northwest Territories, certify that the foregoing information is complete and correct to the best of my knowledge.

Dated at \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(signature of member)