

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)