



Vendor Number Reapplication Form

(for modification or removal of existing conditions, or reactivation of a vendor number)

Please complete this form and return to Legal Services Society if you are applying to:

- reactivate your vendor number,
- have existing conditions on your vendor number modified, or
- have existing conditions on your vendor number removed.

LSS vendor number: _____

Sign and fax it to 604-682-7967, or e-mail it to helpdesk.finance@lss.bc.ca. If you have any questions, please call 604-601-6111.

Name _____

Law Society no. _____

First called to bar _____

Province _____

Month and year

Please provide the following if applicable:

GST no. _____

WorkSafeBC no. _____

Gender: Male Female

Do you identify as:

Aboriginal Aboriginal — Band Affiliation

Aboriginal — Status Métis Inuit

Primary Address

Your primary address is where we will send all correspondence including updates, notices, and payments (if you are not using Direct Deposit).

Firm and/or c/o name _____

Street address _____

City _____ Province _____ Postal code _____

Phone no. _____ Fax no. _____ Cell no. _____

Message no. _____ Toll-free no. _____

General e-mail _____ e-services e-mail _____

Is this location wheelchair accessible? Y N

Referral Address (if different than address above)

Your referral address is where referrals are sent. Your primary and referral addresses may be the same.

Firm and/or c/o name _____

Street address _____

City _____ Province _____ Postal code _____

Phone no. _____ Fax no. _____ Cell no. _____

Message no. _____ Toll-free no. _____

Is this location wheelchair accessible? Y N



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Please mark the **appropriate boxes** to indicate why your vendor number was previously deactivated or if LSS imposed conditions on your eligibility to receive referrals.

ceased being a member of the Law Society of British Columbia

became a non-practising or retired member of the Law Society of British Columbia

voluntarily deactivated my vendor number

Legal Services Society deactivated my vendor number

Legal Services Society imposed conditions on my eligibility to receive referrals

other _____

If known, please provide the date when your vendor number was deactivated: _____

Please provide any additional information in the space below, outlining details as to why your vendor number was deactivated.

If LSS deactivated your vendor number or imposed conditions on your eligibility to receive referrals, you must demonstrate that the reasons for the deactivation or the conditions have been addressed.

Signature: _____

Date: _____