

**LAW SOCIETY OF ONTARIO APPLICATION FOR PERMISSION TO  
SURRENDER A CERTIFICATE OF AUTHORIZATION  
UNDER PART II OF BY-LAW 7**

**All directors of the professional corporation must sign this application and should review all sections of this application. Each director will be required to declare that the contents of the entire application are true.**

1. Professional Corporation Name:

2. Ontario Corporation Number:

3. Certificate of Authorization Number:

Date Issued:

4. Registered Office Address for the Professional Corporation:

**5. BUSINESS CONTACT INFORMATION:**

Business/Employer Name and Address:

Telephone/Mobile:

Fax:

Email:

**NOTE:** If more than one place of business, provide details below:

Questions about review and approval of applications should be directed to By-Law Administration Services by calling 416-947-3315 and asking to be transferred, or emailing [bylawadmin@lso.ca](mailto:bylawadmin@lso.ca)

**Mail to: Law Society of Ontario, By-Law Administration Services  
Osgoode Hall, 130 Queen St W, Toronto, Ontario M5H 2N6**

**6. Complete A, B and C. Circle the appropriate response.**

**A.**

- i)** All money or property held in trust for which the professional corporation was responsible has been accounted for and paid over or distributed to the persons entitled thereto.

**YES NO**

If **YES**, attach an Accountant's Certificate to the application

If **NO**, attach a separate sheet with an explanation

**OR**

- ii)** The professional corporation has not been responsible for any money or property held in trust.

**YES NO**

**B.**

- i)** All clients' matters have been completed and disposed of or arrangements have been made to the clients' satisfaction to have their papers returned to them or turned over to, as required, a licensee licensed to practise law in Ontario or a licensee licensed to provide legal services in Ontario.

**YES NO**

If **NO**, attach a separate sheet with an explanation

**OR**

- ii)** The professional corporation has neither practised law in Ontario or provided legal services in Ontario.

**YES NO**

**C.**

Are the directors of the professional corporation aware of any claim against the professional corporation in its professional capacity or in respect of its practice of law in Ontario or provision of legal services in Ontario.?

**YES NO**

If **YES**, provide details below: (attach a separate sheet if necessary)

- 7.** Provide the reason the professional corporation is applying for permission to surrender the Certificate of Authorization: (attach a separate sheet if necessary)

**PROFESSIONAL CORPORATION'S STATUTORY DECLARATION**

NOTE: All directors must sign the statutory declaration. (Copy this page if there are more than 3 directors)

**I am/we are the Director(s) of the professional corporation named below. I/we have read and reviewed all sections of this application and declare that the information contained in all parts of this application is complete, true and accurate.**

**NAME OF PROFESSIONAL CORPORATION:**

\_\_\_\_\_

**DECLARED BEFORE ME**

at \_\_\_\_\_,

on the \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature of a Commissioner for Taking Affidavits

\_\_\_\_\_  
Signature of Director and Law Society Number

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DECLARED BEFORE ME**

at \_\_\_\_\_,

on the \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature of a Commissioner for Taking Affidavits

\_\_\_\_\_  
Signature of Director and Law Society Number

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DECLARED BEFORE ME**

at \_\_\_\_\_,

on the \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature of a Commissioner for Taking Affidavits

\_\_\_\_\_  
Signature of Director and Law Society Number

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

(for office use only)

Approved by:

Approval date: