



The Law Society of
Upper Canada

Barreau
du Haut-Canada

**LAW SOCIETY OF UPPER CANADA
UNCLAIMED TRUST FUND PROGRAMME**

LICENSEE APPLICATION FORM

s.59.6 – 59.14 Law Society Act
By-law # 10 of the by-laws of the Law Society

(Form to be completed when requesting approval to transfer trust funds to the Law Society)

A. APPLICANT LICENSEE/FIRM INFORMATION

Name	
Address	
Telephone Number	
Fax Number	
E-Mail Address	

Select one:

___ Application pursuant to section 59.6(1) (a), entitlement to funds is known.
(Complete sections B, C, D, F and G.)

___ Application pursuant to section 59.6(1) (b), entitlement to funds is not known.
(Complete sections B, D, E)

B. FILE/MATTER INFORMATION

Name and licensee number of licensee responsible for file/matter	
Number assigned by licensee/firm to file/matter	
Reference on file	
Type of file/matter (<i>e.g.</i> , personal injury, real estate <i>etc</i>) if litigation file, specify style of cause, if real estate include address of property)	

C. Client/Party Entitled Information

If more than one person is entitled to the funds, **attach a separate sheet for each person** and complete all questions for each person.

Full name of client and last known address.	
Full name of party entitled to funds (if different than client) and last known address	
If client is a corporation, full name of person instructing licensee on file/matter	
Last known telephone number of party entitled to funds	
SIN or corporation number (if known) of party entitled to funds	
Date of birth of party entitled to the funds	
Male or female?	
Driver's licence number (if known) of party entitled to the funds	
Any other information to identify person or to confirm validity of the person's claim to funds (e.g. names, birthdates of children)	

D. Trust Funds

Dollar amount of unclaimed funds	
Copy of client trust ledger must be submitted with this application.	
Date funds received by licensee in trust	
Date funds were last active	
Reason why funds were not paid out by licensee/firm to person(s) entitled,	
Are funds subject to trust conditions or competing claims? (If yes, give complete details and attach relevant documents.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. ENTITLEMENT TO FUNDS NOT KNOWN.

Reason why entitlement to funds has not been determined (attach schedule if necessary)

F. EFFORTS MADE TO PAY OUT FUNDS

Attach copies of the documents that relate to the steps taken to pay out funds. (The steps listed below are examples of steps that a licensee/firm might take to pay out funds. A licensee/firm must demonstrate that all reasonable steps to locate the beneficiaries of the trust funds have been taken, prior to the application being approved.)

Note: If correspondence to party entitled has been returned, please include a copy of the returned envelope which should indicate reason for return.

Steps Taken:	Yes	No	Date(s)	Results/Comments
Letters, Faxes, e-mails sent (attach copies)				
Phone calls made (provide telephone number(s))				
Driver's licence search				
411.ca internet search				
Bell Canada				
Personal property (PPSA) search				
Title search				
Corporate search				
Other (specify)				

Note: Section G must be completed.

- G.** The Society publishes a notice annually in *The Ontario Gazette* listing the names and last known address of every person entitled to money paid to the Society during the previous year. Publication of the name and address is not required, if:
- (i) Publication of the name or address breach a duty of confidentiality owed by you to the client/person entitled to the funds, or
 - (ii) There are reasonable grounds for believing that the publication of the name or address will result in a significant risk or physical or psychological harm to the person whose name or address is published or to another person.

Should the name of the client or person entitled be exempt from publication in The Ontario Gazette?
 Yes _____ No _____

If yes, please provide details _____

H. CERTIFICATION OF LICENSEE

I _____ of _____, in the Province of Ontario, certify that the information set out in this application, and in any attachments, is correct to the best of my knowledge and belief.

Date

Signature

The completed Application and all supporting documentation should be submitted to:

The Law Society of Upper Canada
Unclaimed Trust Fund Programme
Trustee Services
Osgoode Hall, 130 Queen St. West
Toronto, Ontario
M5H 2N6

Fax (416) 644-4880
Telephone: 416-947-3300 ext. 2621