



# 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](mailto: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: \_\_\_\_\_