

Suite 400, 510 Burrard Street Vancouver, BC V6C 3A8

Issued by LABC

New Vendor Number	
Lawyer Portal User Name	

Lawyer Vendor Application - Form A

To obtain a vendor (billing) number you must be listed as practising with the Law Society of BC. Please complete all fields on this form (unless noted otherwise), attach a VOID cheque (if applicable), sign the form and email it to lawyer.support@legalaid.bc.ca. Once your application is processed, LABC will notify you by email.

If you have been issued a vendor number in the past, do not complete this form. You may be able to access your <u>Lawyer Portal</u> account to update your profile. Or, if your vendor number and/or Lawyer Portal account has been deactivated, see <u>Vendor Number Reactivation Form-B</u>. If you have any questions, contact <u>lawyer.support@legalaid.bc.ca</u>.

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Personal Information						
Last name:	First and middle name:					
Individual Email address for username:						
This email address will be your username for the LABC Lawyer Portal, and must be unique to you and not shared. It can be different than your primary contact email address below.						
Call History						
First called to the bar (month/day/year):	Country/Province:					
BC call date (month/day/year) (if different than above):	BC Law Society No:					
Years of Practice experience after first call date:						
Have you been called in any other jurisdiction(s)? If yes, indicate which	h jurisdiction(s) and your call date(s):					
You must provide a copy of your current certificate(s) of standing fo	r all jurisdictions, except BC					
Please check to indicate form is attached { }	an janoulono, except 55.					
Experience						
LABC strives to ensure quality services to our clients. The following information will assist us in assessing your application and allow us to suggest additional steps to ensure quality service if necessary.						
Please advise which area(s) of law you intend to practice in for LABC and if you will be acting as part of a firm or as a sole practitioner (please						
name the firm if applicable).						
Please provide a brief description of your experience in the above noted area(s) of law (please provide relevant positions and their duration, including articling):						

Lawyer Vendor Application - Form A (cont'd)

If your experience in the above noted area(s) is limited (or not directly relevant to practice in BC) please advise if you have any mentor(s) or firm supports to obtain practice guidance and advice from. Please provide details:					
Please feel free to prelate to the area(s				ce, education, or professi	onal supports not mentioned above as they
What Interests you	about doing leg	gal Aid work	in BC?		
			s of cases and/or expe ke department to assis		n through Legal Aid work:
			s the province and may r (this may also be pro		el to travel; please advise of any locations you
GST and WorkS	afeBC (if app	licable)			
GST exempt?	Yes	No	Unless you are exempt from paying GST, you <u>must</u> provide a GST no with your application and the applicable name in order to verify it.		
GST No:				WorkSafeBC No:	
Exact name register	red with CRA fo	r GST No:			
Primary Addres Your primary addre		will send all	correspondence includ	ing updates, notices, and	payments.
Firm and/or c/o nar	me:				
Street Address:					
City:			Province:		Postal code:
Phone No:			Cell No:		
Message No:			Toll-free No:		
E-mail (<i>LABC</i> will use	this email for pay	ment notifica	itions):		
Secondary Add	ress (if differ	ent than a	address above)		
Firm and/or c/o nar	me:				
Street Address:					

Lawyer Vendor Application - Form A (cont'd)

City:	Province:		Postal code:			
Phone No:	Cell No:		Fax No:			
Message No:	Toll-free No:					
Email:						
Direct Deposit						
Banking Information (Canadian financial instit	cutions only)					
Direct deposit is the only method of payment. You must complete the entire section below. Please ensure figures are legible. You must also attach a "VOID" cheque or provide a stamp from your financial institution. If attaching a void cheque, the information on the void cheque must be for the account to which you would like the payments deposited.						
Name of financial institution:						
Address:						
City:	Province:		Postal Code:			
Branch No (5 digits):		Financial Institution Stamp (if no void cheque):				
Financial institution No (<i>up to 4 digits</i>):						
Account No (up to 12 digits):						
Authorization and Declaration						
I understand that the information on this form is collected and used to obtain an LABC vendor billing number, Lawyer Portal access, and to authorize direct deposit payments to the designated account indicated on the attached VOID cheque or the above noted account, in accordance with the privacy and confidentiality policy of Legal Aid BC (LABC), the business name of the Legal Services Society. I understand that LABC contracts with and pays the lawyer, not the lawyer's law firm.						
I hereby authorize LABC to deposit payments into the designated account, until further notice by the undersigned in writing. I agree that LABC will have no further liability regarding any payments made in accordance with this authorization and may at any time discontinue payment by direct deposit.						
I have read and agree to comply with the LABC Tariffs, including the General Terms & Conditions. The LABC Tariffs are available on the LABC website at legalaid.bc.ca (under Lawyers – LABC Tariffs).						
I agree not to withdraw my services during or after the term of a Tariff Agreement unless authorized by the Tariff Agreement's negotiation process and the applicable essential services agreement or order. Tariff Agreement means an agreement between the Association of Legal Aid Lawyers and the BC government relating to tariff rates and other compensation-related terms and conditions under which lawyers provide legal aid services to clients under contract with LABC. See the current Tariff Agreement (paragraph 8 of the Negotiation Framework Agreement section) available on the LABC website at Legalaid.bc.ca (under About us – Our mandate & MOU – Tariff Agreement).						
Lawyer's Name (please print): Barrister & Solicitor		Lawyer's Signature:				
Barrister & S	ooncitor					
Date (month/day/year):						

For assistance with the LABC Tariffs or the Lawyer Portal or for payment inquiries, contact Lawyer Services at 604-601-6155 or 1-888-401-6206 or lawyer.support@legalaid.bc.ca.

An email notification from lawyer.support@legalaid.bc.ca will be sent when your LABC vendor number and Lawyer Portal user name have been issued. Please whitelist this email address to prevent our emails from going to your spam folder.