

Issued by LABC

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| 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 Lawyer Portal account to update your profile. Or, if your vendor number and [Lawyer Portal](#) account has been deactivated, see [Vendor Number Reactivation Form-B](#). If you have any questions, contact lawyer.support@legalaid.bc.ca.

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 jurisdiction(s) and your call date(s):

You must provide a copy of your current certificate(s) of standing for all jurisdictions, except BC.

Please check to indicate form is attached

Lawyer Vendor Application - Form A (cont'd)

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).

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 provide any additional details about your experience, education, or professional supports not mentioned above as they relate to the area(s) of law you intend to practice in for LABC:

What Interests you about doing legal Aid work in BC?

Please provide a brief description of what kinds of cases and/or experiences you hope to obtain through Legal Aid work: *(This information may be passed on to our Intake department to assist in issuing contracts).*

As you may be aware, LABC assist clients across the province and may require non-local Counsel to travel; please advise of any locations you are willing or interested in taking contacts for (this may also be provided to Intake):

Lawyer Vendor Application - Form A (cont'd)

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| GST and WorkSafeBC (if applicable) | | |
| GST exempt? | Yes <input type="radio"/> No <input type="radio"/> | <i>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.</i> |
| GST No: | WorkSafeBC No. Please use n/a if you do not have one. Do not leave field blank: | |
| Exact name registered with CRA for GST No: | | |
| Primary Address Your primary address is where we will send all correspondence including updates, notices, and payments. | | |
| Firm and/or c/o name: | | |
| Street Address: | | |
| City: | Province: | Postal code: |
| Phone No: | Cell No: | |
| Message No: | Toll-free No: | |
| E-mail (<i>LABC will use this email for payment notifications</i>): | | |
| Secondary Address (if different than address above) | | |
| Firm and/or c/o name: | | |
| Street Address: | | |
| City: | Province: | Postal code: |
| Phone No: | Cell No: | Fax No: |
| Message No: | Toll-free No: | |
| Email: | | |
| Direct Deposit Banking Information (Canadian financial institutions 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 (<i>5 digits</i>): | | Financial Institution Stamp (<i>if no void cheque</i>): |
| Financial institution No (<i>up to 4 digits</i>): | | |
| Account No (<i>up to 12 digits</i>): | | |

Lawyer Vendor Application - Form A (cont'd)

Authorization and Declaration

I understand that my personal information, including the information on this form, may be collected, used or disclosed by Legal Aid BC (LABC), the business name of the Legal Services Society, as required to facilitate its programs or for other prescribed purposes, including to facilitate Lawyer Portal access and establish an LABC vendor billing number, and as authorized by legislation including the Freedom of Information and Protection of Privacy Act or the Anti-Racism Data Act. For more information about how and why LABC collects, uses, discloses, stores and retains your personal information, please refer to LABC's Privacy Policy, which is available [here](#).

I further understand that LABC may collect personal information about me from sources including the Law Society of BC, clients, courts or tribunals, and public reports where necessary including for complaint investigation, quality assurance, and ensuring compliance with LABC policies and the General Terms & Conditions. I hereby consent and authorize LABC to collect my personal information from sources other than me, as described herein.

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 understand that LABC contracts with and pays the lawyer, not the lawyer's law firm.

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:

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 username have been issued. Please whitelist this email address to prevent our emails from going to your spam folder.