



Issued by LABC

Lawyer Portal User Name	
-------------------------	--

## Lawyer Vendor Number Reactivation - Form B

Use this form to apply to:

- Reactivate your vendor number, and/or
- Reactivate your Lawyer Portal account.

To be an LABC lawyer, you must be authorized by the Law Society of BC to practise in BC, not be subject to practice conditions or involved in conduct or disciplinary proceedings and must reside in BC. Please complete all fields on this form (unless noted otherwise), sign the form and email it to [lawyer.support@legalaid.bc.ca](mailto:lawyer.support@legalaid.bc.ca). If you have any questions, contact [lawyer.support@legalaid.bc.ca](mailto:lawyer.support@legalaid.bc.ca).

### Personal Information

Existing LABC Vendor No (if known):

Last name:

First and middle name:

### Call History

Have you been called in any jurisdiction(s) outside of BC? If yes, indicate which jurisdiction(s) and your call date(s):

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

### GST and WorkSafeBC (if applicable)

GST exempt?    Yes     No     *If you do not provide a GST No., you will be exempt from being paid GST.*

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 (*LABC will use this email for payment notifications*):

## Vendor Number Reactivation - Form B (cont'd)

<b>Contact Address (if different than address above)</b> Your contact address is where LABC will send your contracts. Your primary and contract addresses may be the same.		
Firm and/or c/o name:		
Street address:		
City:	Province:	Postal code:
Phone No:	Cell No:	Fax No:
Message No:	Toll-free No:	
Email:		
<b>Vendor Number Deactivation</b>		
Please mark the appropriate box to indicate why your vendor number was previously deactivated: <ul style="list-style-type: none"> <li><input type="checkbox"/> Ceased being a member of the Law Society of British Columbia</li> <li><input type="checkbox"/> Became a non-practising or retired member of the Law Society of British Columbia</li> <li><input type="checkbox"/> Voluntarily deactivated my vendor number</li> <li><input type="checkbox"/> LABC deactivated my vendor number</li> <li><input type="checkbox"/> Other :</li> </ul>		
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 and why you want to reactivate your vendor number/resume legal aid work at this time. If LABC deactivated your vendor number, you must demonstrate that the reasons for the deactivation have been addressed.		
Do you reside in BC?    Yes            No		

## Vendor Number Reactivation - Form B(cont'd)

For changes to your direct deposit details, please complete all fields on this form (unless otherwise noted), attach a VOID cheque (if applicable) and email to [lawyer.support@legalaid.bc.ca](mailto:lawyer.support@legalaid.bc.ca).

<b>Direct Deposit</b> Banking Information (Canadian financial institutions only) Direct deposit is the only method of payment. <b>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.</b> 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 (up to 4 digits):		
Account No (up to 12 digits):		
Freedom of Information and Protection of Privacy Act (FOIPPA)		
The personal information requested on this form is collected under the authority of the Finance Administration Act in compliance with the FOIPPA and will be used to process your Direct Deposit Changes Form. The financial information contained above is protected under the provisions of the FOIPPA and will be used only for direct deposit by means of electronic funds transfer. For information about the collection use and disclosure practices write to the Manager, Audit and Investigations, Corporate Services, 400 – 510 Burrard, Vancouver BC, V6C 3A8.		

## Vendor Number Reactivation - Form B(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](http://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](http://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*):

An email notification from [lawyer.support@legalaid.bc.ca](mailto:lawyer.support@legalaid.bc.ca) will be sent to you when your LABC vendor number and/or Lawyer Portal user name have been reactivated. Please whitelist this email address to prevent our emails from going to your spam folder.