



**2.**

- All trust funds or client property for which I was responsible have been accounted for and paid over to the persons entitled thereto. Attached is an accountant's certificate to that effect marked as Exhibit A. (Section 23(3)(b))  
**If an accountant's certificate is not attached, please indicate the date and manner of disposition of all trust funds and client property.**

**OR**

- I have not handled trust funds or other client property.

**3.**

- All client matters have been completed and disposed of or arrangements have been made to each client's satisfaction to have their papers returned to them. (Section 23(3)(c))

**OR**

- I have not engaged in practice.

**4.**

- All client matters have been turned over to another barrister and solicitor. (Section 23(3)(c))  
**Please indicate the name, full address and phone number of the lawyer or firm.**

**OR**

- I have not engaged in practice.

**5.**

- I am not aware of any claims against me in my professional capacity or in respect of my practice. (Section 23(3)(d))

**OR**

- I am aware of the following claims against me in my professional capacity or in respect of my practice. (Section 23(3)(d))  
**Please provide the details, including dates.**

6.

You are required to furnish proof of publication in two issues of the Yukon Gazette of a notice of intention to apply for permission to resign in the form prescribed in the rules, which notice shall be published at least 30 days and not more than 90 days before the application is sent to the Executive unless you request an exemption from publishing in the Yukon Gazette. (Section 23(4))

Proof of publication is attached hereto and marked Exhibit B.

**OR**

I request an exemption from publishing in the Yukon Gazette a notice of my intention to apply for permission to resign for the following reasons:

**DECLARATION OF APPLICANT**

I, \_\_\_\_\_, do solemnly declare that:

- 1. I am the applicant described in this application;
- 2. I have personal knowledge of the information I have provided in this application; and
- 3. the information is true, accurate, and complete.

Sworn before me at the \_\_\_\_\_ of )  
\_\_\_\_\_ in the)  
Province/Territory of \_\_\_\_\_,)  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.)

\_\_\_\_\_  
Notary Public or Commissioner for taking Oaths )  
in and for the Province/Territory of )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

\_\_\_\_\_  
Applicant's Signature