



Lawyer Information Form

**Class Member's
first name**
***(Required)**

**Class Member's
last name**
***(Required)**

**Class Member's
date of birth**
DD/MM/YYYY
***(Required)**

Contact method
***(Answer Required)**

Email address
(if you have one)

Phone number

Claim number
***(Required)**



Lawyer First name
***(Required)**

Lawyer Last name
***(Required)**

Law firm

Law society / bar number
***(Required)**

Street name and number
***(Required)**

Office / unit number
(if applicable)



**City / town /
village / First
Nation or
reserve**

***(Required)**

**Province /
territory**

***(Required)**

Country

***(Required)**

Postal code

***(Required)**

**Office
telephone
with extension**

Cell phone

Email address

***(Required)**

Claimant Confirmation

I (the Claimant) am solemnly affirming that the lawyer mentioned above has helped me to complete my claim, and I understand the contents.

I (the lawyer) am solemnly affirming that I helped the Claimant to complete their claim.

**Lawyer name
(Printed)**
***(Required)**

Lawyer signature
***(Required)**

**Claimant name
(Printed)**
***(Required)**

Claimant signature
***(Required)**

IMPORTANT: All communications between the Claims Administrator and Applicant counsel will occur through email. If you are unable to communicate through email, please contact the Administrator at **1-888-499-1144**

Bank Account Information

Transit number
***(Required)**

Institution number
***(Required)**

Account number
***(Required)**