

## APPLICATION FOR RENEWAL OF A SPECIAL AUTHORIZATION

For a person practising outside Québec (section 42.4 Professional Code)

| PART A ■ APPLICANT'S INFORMATION   |                              |  |  |  |
|--|------------------------------|--|--|--|
| 1. Personal information  |                              |  |  |  |
| Family name:   | First name:                  |  |  |  |
|  |                              |  |  |  |
| 2. Professional contact information  |                              |  |  |  |
| Complete address:  |                              |  |  |  |
|  | Fax:                         |  |  |  |
| E-mail:  |                              |  |  |  |
| 3. Bar membership(s)   |                              |  |  |  |
| I am a member of the following bar(s)  |                              |  |  |  |
| Name of the bar:   | Date of admission:           |  |  |  |
| Member number:   | Status:                      |  |  |  |
| Name of the bar:   | Date of admission:           |  |  |  |
|  | Status:                      |  |  |  |
| Please attach to this application the original of a certificate of good standing issued by the appropriate officer of the bar of which you are a member, attesting that you are authorized to practise law outside Québec. |                              |  |  |  |
| 4. I am making a renewal of this application in connection with the following case:  |                              |  |  |  |
| Name and address of the client:  |                              |  |  |  |
|  | cial district: Court number: |  |  |  |
| Brief description of the case:   |                              |  |  |  |
| Class action:  |                              |  |  |  |
| 5. I intend to retain the services of a member of the Barreau du Québec to serve as counsel:   |                              |  |  |  |
| YES $\square$ NO $\square$ Lawyer's name:  |                              |  |  |  |
| 6. I am attaching a certificate from my professional liability insurer guaranteeing that my professional services in connection with the above-mentioned case are insured.   |                              |  |  |  |
| YES NO   |                              |  |  |  |

| PART B ■ AUTHORIZATION AND DECLARATION   |           |        |             |  |  |
|--|-----------|--------|-------------|--|--|
| I undertake to practise law in Québec in accordance with this special authorization.   |           |        |             |  |  |
| I undertake to abide by all the obligations set out in <i>An Act respecting the Barreau du Québec</i> , the <i>Code of ethics of advocates</i> and the other regulations of the Barreau du Québec. |           |        |             |  |  |
| I agree to indicate to the Barreau du Québec, <b>immediately</b> , any change in the information provided in this application.   |           |        |             |  |  |
|  | Signature |        |             |  |  |
| Affirmed on my oath at   | , this    | day of | of the year |  |  |
|  |           |        |             |  |  |
| Renewal of the special authorization to practise duly granted on   |           |        |             |  |  |
|  |           |        |             |  |  |
| President of the Barreau du Québec   |           |        |             |  |  |
| This authorization is valid only for this case, until a final judgment has been rendered within a period not exceeding 12 months. It can be renewed by the President of the Barreau du Québec.     |           |        |             |  |  |
| RETURN BY EMAIL  |           |        |             |  |  |
| this duly completed form a certificate of good standing  |           |        |             |  |  |
| a professional liability insurance certificate   |           |        |             |  |  |
| Secretariat of the Barreau du Québec   |           |        |             |  |  |
| Maison du Barreau, 445, boulevard Saint-Laurent, Montréal (Québec) CANADA H2Y 3T8  |           |        |             |  |  |

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