

CHANGE IN PRACTICE DETAILS



THIS IS A NOTICE OF A CHANGE IN PRACTICE/EMPLOYMENT DETAILS.

1. APPLICANT DETAILS

Surname:	First name:
Other names:	Law Society number:

2. PREVIOUS EMPLOYMENT DETAILS

Name of law practice/employer:

Date from when you ceased employment (DD/MM/YYYY):

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3. NEW EMPLOYMENT DETAILS

Name of law practice/employer:

Street number and name:

City: State:

Country: Postcode: DX:

Telephone: Fax:

Mobile: Email address:

Publication email address (if different):

Position held (select one only):

- Sole practitioner ILPPrincipal Employee of a law practice Government legal practitioner
 Partner Supervising legal practitioner at a community legal service Corporate legal practitioner Volunteer Unemployed

Date from when you commenced employment (DD/MM/YYYY):

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4. SIGNATURE

Signed:

Dated (DD/MM/YYYY):

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