



THE LAW SOCIETY  
OF NEW SOUTH WALES

## REQUEST FOR DETERMINATION OF STATUTORY DEPOSIT

### Clause 97(6) of Legal Profession Regulation 2005

Name of law practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

The above law practice requests a determination of the amount of statutory deposit that is required to be held for the period ending 31 March \_\_\_\_\_. The reason(s) for the request for a determination being that the calculated amount has or will cause:

An overdraw of the bank statement balance  
An overdraw of the cash book  
Insufficient funds to operate the general trust account  
(Tick where appropriate)

The practice's general trust account details being as follows:

Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ADI / Branch: \_\_\_\_\_

Total amount required to be held on statutory deposit as per calculation	\$ _____
Amount currently held	\$ _____
Adjustment required	\$ _____

Please provide the following information regarding the general trust account:

The latest bank statement balance as at \_\_\_\_\_ is \$ \_\_\_\_\_  
The latest cashbook balance as at \_\_\_\_\_ is \$ \_\_\_\_\_  
The latest trial balance as at \_\_\_\_\_ is \$ \_\_\_\_\_

Having determined that the law practice is unable to deposit the required amount as stated above, I nominate that a total amount of statutory deposit of \$ \_\_\_\_\_ be held, requiring an increase (decrease) adjustment of \$ \_\_\_\_\_ to the current statutory deposit balance.

Other information which may be relevant to the determination:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Dated: \_\_\_\_\_



Please send completed forms via email to [Daniel.Lynch@lawsociety.com.au](mailto:Daniel.Lynch@lawsociety.com.au) or fax to (02) 9223 3602.