



## Legal Profession Act 2004

### 2009/10 NOTIFICATION FORM FOR AN INTERSTATE PRACTITIONER AUTHORISED TO WITHDRAW TRUST MONEY FROM A LOCAL TRUST ACCOUNT

***This form is to be completed by an interstate legal practitioner who (whether alone or with a co-signatory) becomes authorised to withdraw money from a local trust account (s 472 (1)).***

This notification must be in writing and must be sent or delivered to the Society before the end of the period of 7 days starting on the day the practitioner becomes authorised to withdraw money from the local trust account or the change occurs, as the case requires.

PRACTITIONER'S FULL NAME .....

LAW PRACTICE NAME .....

JURISDICTION WHERE YOUR ONLY OR MOST RECENT CURRENT AUSTRALIAN PRACTISING CERTIFICATE IS HELD .....

PRINCIPAL BUSINESS ADDRESS .....

RESIDENTIAL ADDRESS .....

DATE ON WHICH YOU BECAME AUTHORISED TO WITHDRAW MONEY FROM THE TRUST ACCOUNT .....

YOUR SIGNATURE .....

#### **DETAILS OF THE NSW TRUST ACCOUNT**

Name of the law practice operating the account .....

Principal business address of the practice .....

Details of the ADI (authorised deposit-taking institution) where account is held:

Name .....

Branch .....

Address .....

Names of other Signatories to the Account

.....

.....

#### **FIDELITY FUND CONTRIBUTION**

Section 430 Legal Profession Act 2004 provides that a solicitor who is an interstate legal practitioner and who (whether alone or with a co-signatory) becomes authorized to withdraw money from a local trust account must pay a contribution to the Fidelity Fund.

**2009/10 CONTRIBUTION = \$50 \$25 (Half Fees Apply From 1 January 2010)**

*(please turn over for payment options)*

## **PAYMENT**

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Payment may be made by:

- **EFTPOS** - in person at the Law Society Registry only
- **Cheque/money order** – to be made payable to The Law Society of NSW and stapled to the front page of this form
- **credit card** - please complete the details below if you wish to pay by credit card

**Please charge the following credit card in the amount of \$25**

American Express

Mastercard

Visa

Card Number \_\_\_\_\_ Expiry date \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

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**You must notify the Society of any changes to the particulars on this form**  
*(clause 143(4) Legal Profession Regulation 2005).*

**Please return this form and payment to**

**Law Society Registry  
The Law Society of New South Wales  
170 Phillip St  
Sydney NSW 2000  
or DX 362 Sydney**