



DX 362 Sydney

## Notification of Authorised Signatories as at 1 July.

Legal Profession Uniform General Rules 2015 – Rule 50(2)

Rule 43(2) of the Legal Profession Uniform General Rules provides that, in the event that an authorised principal is not available to sign cheques drawn on a general trust account ("trust cheques") or otherwise to effect, direct or give authority for the withdrawal of money from a general trust account ("EFT"), then trust cheques must be signed and EFT's must be effected by:

- a. an authorised legal practitioner associate,
- b. an authorised Australian legal practitioner, who holds an unrestricted practising certificate authorising the receipt of trust money, or
- c. two or more authorised associates jointly.

Rule 50(2) requires that during July each year, a law practice must give the Law Society Council written notice of the associates and Australian legal practitioners (including their names and addresses) who are authorised to sign trust cheques and effect EFTs drawn on a general trust account of the practice as at 1 July that year. Notification is not required if the information is already provided in the External Examiner's Report pursuant to Section 159 of the Legal Profession Uniform Law (NSW).

This form, duly completed, will be accepted as written notification to the Law Society Council in July of each year of the persons authorised as at 1 July that year-I/We..... .....the authorised principal(s) of (Name of Principal(s)) (Name of Law Practice) advise the Law Society Council that the following persons are as at 1 July .... (Year) authorised to sign trust cheques or otherwise to effect, direct or give authority for an EFT from a general trust account of the law practice. Authorised Legal Practitioner Associate - Employed Solicitor Name **Residential Address Date** Authorisation Commenced Authorised Australian Legal Practitioner - Principal practising certificate authorised to receive trust money **Residential Address** Name Authorisation Commenced

Name	Residential Address		Interstate ID Number & Name of Issuing State		
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Authorised Person - Name	- To sign Jointly Residential Address	Date Authorisation Commenced		sition Employment	

Dated