

Version 1  
LPB FORM 11

WESTERN AUSTRALIA

*Legal Profession Rules 2009*  
[Rule 18C(1)(b)]

## Notice of a Practitioner's Intention to Commence as a Principal of a Law Practice

Before a practitioner commences as a principal of a law practice they must use this form to give the Legal Practice Board notice of their intention to do so

### Section A – Practitioner Details

1. Surname: \_\_\_\_\_
2. First Names: \_\_\_\_\_
3. Date of Birth: *(dd/mm/yy)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Residential Street Address: \_\_\_\_\_  
\_\_\_\_\_
5. Telephone Number: *(Include STD Code)* ( ) \_\_\_\_\_
6. Mobile Number: \_\_\_\_\_
7. Email: \_\_\_\_\_

### Section B – Practising Details

8. Law Practice Name: \_\_\_\_\_
9. Date of Intended Commencement: \_\_\_\_\_
10. Law Practice Business Structure.  Sole Practitioner  
 Law Firm  
 Multi-Disciplinary Partnership  
 Incorporated Legal Practice
11. If a Multi-Disciplinary Partnership' has an LPB Form 10 been submitted to the Board?  Yes  
 No Please enclose an LPB Form 10
12. If an Incorporated Legal Practice has an LPB Form 7 been submitted to the Board?  Yes  
 No Please enclose an LPB Form 7
13. Street Address: \_\_\_\_\_  
\_\_\_\_\_
14. Postal Address: \_\_\_\_\_  
*(If different from street address)* \_\_\_\_\_  
\_\_\_\_\_

(Please refer to the Legal Practice Board's website, [www.lpbwa.org.au](http://www.lpbwa.org.au), for a copy of its privacy policy)

15. Telephone Number: *(Include STD Code)* ( ) \_\_\_\_\_
16. Facsimile Number: *(Include STD Code)* ( ) \_\_\_\_\_
17. Email: \_\_\_\_\_

### Section C – Law Practice’s Trust Account

18. Do you or will you receive trust money?
- No (Go to Section D)
- Yes Please fill in your trust account details below.

Name of Account:
Name of Bank:
BSB Number:
Account Number:
Date Account Opened:
External Examiner’s Name:
External Examiner’s Firm:
External Examiner’s Address:

### Section D – Practice Management Course

19. Have you completed a Practice Management Course?  No *(Go to q21.)*  
 Yes *(please complete q.20)*
20. Date of Practice Management Course. \_\_\_\_\_
21. Have you applied to the Board to revoke or vary the Practice Management Course Condition?  No *(Go to Section E.)*  
 Yes *(please complete q.22)*
22. Date of application to Board. \_\_\_\_\_

### Section E – For Your Information

Where a request is made to vary or revoke the PMC Condition this notice must be accompanied by:

(Please tick to indicate that you have **enclosed**)

- A request to the Board to revoke the condition on your local practising certificate pursuant to rule 18C(1) (see rules 18D(1)(a) and 18E, and LPB Form 12); or
- A request to the Board to vary the condition on your local practising certificate pursuant to rule 18C(1) (see rules 18D(1)(b) and 18E, and LPB Form 13).

(Please refer to the Legal Practice Board’s website, [www.lpbwa.org.au](http://www.lpbwa.org.au), for a copy of its privacy policy)

**Section F - Certification**

I certify that the information set out in this form is true and correct and I have not omitted any relevant information.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_