

WESTERN AUSTRALIA

Legal Profession Act 2008
[Section 133]

**Notice of Intention by an Australian Legal Practitioner
to Provide Legal Services as a Partner in a
Multi-Disciplinary Partnership**

Before an Australian legal practitioner commences to provide legal services in Western Australia as a partner in a multi-disciplinary partnership, the Australian legal practitioner must give this notice to the Legal Practice Board.

Section A – Details of Australian Legal Practitioner Giving Notice

1. Surname: _____
2. First Names: _____
3. Residential Street Address: _____

4. Telephone Number: *(Include STD Code)* () _____
5. Facsimile Number: *(Include STD Code)* () _____
6. Email: _____

Section B – Details of the Multi-disciplinary Partnership in which you Intend to Provide Legal Services

7. Name of Multi-disciplinary Partnership: _____
8. Business or Trading Name(s): _____
9. Registered Office: _____
10. Practice Name: _____
11. Practice Street Address: _____
12. Postal Address: _____
(If different from street address)
13. Telephone Number: *(Include STD Code)* () _____
14. Facsimile Number: *(Include STD Code)* () _____
15. Email: _____
16. Other Services to be provided _____

Section C – Structure of Multi-Disciplinary Partnership

17. Please fill in the following with the name and residential address of each legal practitioner partner (LPP):

Under the Legal Profession Act 2008, an LPP is defined as a partner of a multi-disciplinary partnership who is an Australian legal practitioner as defined in Section 5(a) holding an unrestricted practising certificate.

<p>LPP 1</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>	<p>LPP 2</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>
<p>LPP 3</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>	<p>LPP 4</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>

18. If there is more than one LPP, please nominate one as the contact person for correspondence:

Name of nominated LPP contact: _____

19. Please fill in the following with the name and residential address of each partner who is not an Australian legal practitioner:

<p>Partner 1</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>	<p>Partner 2</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>
<p>Partner 3</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>	<p>Partner 4</p> <p>Full Name: _____</p> <p>Residential Address: _____</p> <p>_____</p>

20. Please fill in the following with the name of each Australian legal practitioner (other than those named above) who is an employee:

<p>ALP Employee 1</p> <p>Full Name: _____</p>	<p>ALP Employee 2</p> <p>Full Name: _____</p>
<p>ALP Employee 3</p> <p>Full Name: _____</p>	<p>ALP Employee 4</p> <p>Full Name: _____</p>
<p>ALP Employee 5</p> <p>Full Name: _____</p>	<p>ALP Employee 6</p> <p>Full Name: _____</p>

Section D – Trust Account Information

21. Does the multi-disciplinary partnership receive trust money?

- No (Go to Q22)
 Yes – Please fill in your trust account details:

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 E – Commencement of Providing Legal Services in WA

22. What is the proposed start date you intend to commence providing legal services as a partner in a multi-disciplinary partnership in Western Australia?

Proposed start date: (dd/mm/yy) _____ / _____ / _____

23. Will the proposed multi-disciplinary partnership be taking over an existing practice?

- No
 Yes – Please state the name of the existing law practice:

Section F - Certification

This must be signed by the Australian Legal Practitioner listed in Section A of this form.

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: _____