LEGAL PRACTICE BOARD OF WESTERN AUSTRALIA

Version 1 LPB FORM 9C

WESTERN AUSTRALIA

Legal Profession Uniform Law WA (Uniform Law)
Part 3.7

Notice of termination of legal services by an unincorporated legal practice in Western Australia

An unincorporated legal practice must use this form to give the Legal Practice Board notice that it has ceased providing legal services in Western Australia within 14 days of ceasing to provide legal services.

Section A – Details of the Unincorporated Legal Practice (ULP)							
1	Name of the ULP:						
2	Australian Business Number:						
3	Practice Name:						
4	Street address:						
5	Postal address (if different):						
6	Telephone number: (include STD code)	()				
7	Email address:						



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Section B – Date ULP ceased providing legal services in WA						
9	What is the date your ULP ceased providing legal services in WA?					
10	Has the former ULP been taken over by an existing practice?	No.Yes. Please provide the name and address of the law practice.				
Sectio	n C - Closed practice files					
conta	ct details, firm names or any oth	ere the safe custody documents are located. Please include address, ner arrangements. It is important to provide this information to assist the contact us to locate their documents after the cessation of your practice				



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Section D - For your information

You are required to complete this form and provide it to the Legal Practice Board within 14 days after ceasing to engage in legal practice as an ULP: see rule 29 of the *Legal Profession Uniform General Rules* 2015 (**Uniform Rules**).

Under section 104(3) of the Uniform Law, an ULP must give the Board written notice that it has ceased to engage in legal practice in this jurisdiction.

Section E - Instructions to complete this form

23 Please ensure that you have completed all sections of this form and if you are closing a trust account attach:

Notification of Closure of Trust Account/Law Practice Closing Down.

Section F - Certification

This must be signed by a legal practitioner partner of the former ULP

I certify that:

- The information set out in this form is true and correct and I have not omitted any relevant information;
 and
- The ULP has complied with rule 78(6) of the *Legal Profession Uniform General Rules 2015* in relation to the provision of ongoing professional indemnity insurance cover.

Signed:		
Full name:		
(printed)		
Date:		



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