## LEGAL PRACTICE BOARD OF WESTERN AUSTRALIA

Version 2 LPB FORM 6

#### **WESTERN AUSTRALIA**

Legal Profession Uniform Law (WA)

To: Legal Practice Board PO Box 5720 St Georges Terrace Perth WA 6831

# Notice by an Interstate legal practitioner offering and providing legal services from an office in Western Australia

To be completed by an Australian legal practitioner who holds a practising certificate in a jurisdiction outside of Western Australia and wishes to engage in legal practice from an office in this jurisdiction.

Section A – Practitioner details					
1	First Name:				
2	Surname:				
3	Date of birth (dd/mm/yyyy):	1 1			
4	Residential street address:				
5	Telephone number: (include STD code)	( )			
6	Mobile number:				
7	Email address:				

Please submit this form and all supporting documents via email to <a href="mailto:enquiries@lpbwa.com">enquiries@lpbwa.com</a>.



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Section B – Interstate registration				
8	Australian jurisdiction which is your home jurisdiction:			
	(Please <b>attach</b> a copy of your	practising certificate)		
9	Have you had any special condition or undertaking imposed on your practising certificate as a result of criminal, civil or disciplinary proceedings which may restrict your entitlement to practice law?	<ul><li>No.</li><li>Yes. Please provide details below.</li></ul>		
10	Are you currently the subject of disciplinary proceedings (including any preliminary investigation or action that may lead to disciplinary proceedings) in Australia or a foreign country?:	☐ No. ☐ Yes. Please provide details below.		
Section	n C – Interstate practice details	S		
11	Law Practice name:			
13	Law Practice business structure:	<ul> <li>Sole practitioner</li> <li>Law firm</li> <li>Community legal service</li> <li>Incorporated legal practice</li> <li>Unincorporated legal practice</li> </ul>		
14	If the law practice has been engaging in legal practice in WA as an incorporated legal practice, has an LPB Form 7A been submitted to the Board?	<ul><li>☐ Yes</li><li>☐ No. Please attach a LPB Form 7A.</li></ul>		

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15	If the practice has been engaging in legal practice in WA as a law firm, sole practitioner or community legal service, has an LPB Form 7B been submitted to the Board?	<ul><li>☐ Yes</li><li>☐ No. Please attach a LPB Form 7B.</li></ul>
16	If the practice has been engaging in legal practice in WA as an unincorporated legal practice, has an LPB Form 7C been submitted to the Board?	<ul><li>☐ Yes</li><li>☐ No. Please attach a LPB Form 7C.</li></ul>
17	Street address:	
18	Postal address: (if different from street address)	
19	Telephone number: (include STD code)	()
20	Facsimile number: (include STD code)	()
21	Email address:	
Section	n D – Place of practice in West	tern Australia
22	Street address in Western Australia:	
23	Postal address:	
	(if different from street address)	
24	Telephone number: (include STD code)	()
25	Facsimile number: (include STD code)	()

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26	Email address:		
27	Date of commencement in Western Australia: (dd/mm/yyyy):		
Section	n E – Category of practising co	ertificate	
28	I am notifying my category of practice as a: (Select one only)		
	(Gelect one only)	Principal of a law practice (interstate)	
		Employee of a law practice (interstate)	
Section	n F – Certification		
	/ that the information set out in thation and that:	is form is true and correct and I have not omitted any relevant	
•	I intend to engage in legal prac	tice from an office in Western Australia within a reasonable time.	
•			
•	<ul> <li>My certificate, registration or authorisation is not cancelled or currently suspended in any place as a result of disciplinary action.</li> </ul>		
•	• I am not otherwise personally prohibited from engaging in legal practice in any place or bound by any undertaking not to engage in legal practice in any place as a result or criminal, civil or disciplinary proceedings in any place.		
•	I am covered by professional in	demnity insurance for all legal work undertaken in Western Australia.	
•	<ul> <li>I undertake to notify the Legal Practice Board within 7 days if I cease to be the holder of a current interstate practising certificate.</li> </ul>		
Signed	l:		
Full na (printed)			
" Zate:			
_ =====	_		
Please	submit this form and all supporting o	locuments via email to enquiries@lpbwa.com.	



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