

WESTERN AUSTRALIA

Legal Profession Uniform Law (WA) (Uniform Law)

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

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, this form must be given to the Legal Practice Board notice of the practitioner's intention to do so.

Section A – Practitioner details

1	First Name:	_____
2	Surname:	_____
3	Date of birth (dd/mm/yyyy):	/ /
4	Residential street address:	_____ _____
5	Telephone number: <i>(include STD code)</i>	()
6	Mobile number:	_____
7	Email address:	_____

Please submit this form via email to enquiries@lpbwa.com. All supporting documents are to be submitted to the Board (Please refer to the Legal Practice Board's website, www.lpbwa.org.au for a copy of its privacy policy)

Section B – Practising details

8	Law Practice name:	_____
9	Date of intended commencement (dd/mm/yyyy):	/ /
10	Law Practice business structure:	<input type="checkbox"/> Sole practitioner <input type="checkbox"/> Law firm <input type="checkbox"/> Community legal service <input type="checkbox"/> Incorporated legal practice <input type="checkbox"/> Unincorporated legal practice
11	If an unincorporated legal practice, has an LPB Form 10 been submitted to the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please attach a LPB Form 10.

12	If an incorporated legal practice, has an LPB Form 7 been submitted to the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Please attach a LPB Form 7.
13	Street address:	_____ _____
14	Postal address: <i>(if different from street address)</i>	_____ _____ _____
15	Telephone number: <i>(include STD code)</i>	()
16	Facsimile number: <i>(include STD code)</i>	()
17	Email address:	_____

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Section C – Law practice’s trust account

18	Do you, or will you receive trust money?	<input type="checkbox"/> No. Go to section D.
		<input type="checkbox"/> Yes. Please complete the trust account details below.
	Name of account:	_____
	Name of bank:	_____
	BSB number:	_____
	Account number:	_____
	External Examiner’s name:	_____
	External Examiner’s firm:	_____
	External Examiner’s address:	_____

Section D – Practice Management Course (PMC)

19	Have you completed a PMC?	<input type="checkbox"/> No. Go to question 21.
		<input type="checkbox"/> Yes. Please complete question 20.
20	Date of PMC: (dd/mm/yyyy)	_____ / _____ / _____
21	Have you applied to the Board to revoke or vary the PMC condition?	<input type="checkbox"/> No. Go to Section E.
		<input type="checkbox"/> Yes. Please complete question 22.
22	Date of application to Board: (dd/mm/yyyy)	_____ / _____ / _____

Section E – For your information

Where a request is made to vary or revoke the PMC condition, this notice must be accompanied, as applicable, by the following:

- A request to the Board to **revoke** the condition on your local practising certificate pursuant to section 53 of the Uniform Law and rule 16 of the *Legal Profession Uniform General Rules 2015* (LPB Form 12).
- A request to the Board to **vary** the condition on your local practising certificate pursuant to section 53 of the Uniform Law and rule 16 of the *Legal Profession Uniform General Rules 2015* (LPB Form 13).

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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.

Full Name:

Signature:

Date:

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