



ADVICE OF CHANGE OF PRACTICE AND/OR CONTACT DETAILS

Use this form to notify the Law Society of any changes to your practice or contact details. If you are requesting a change to the type of practising certificate held please attach a covering letter and your practicing certificate.

Name:	Date of Birth (to verify identity): __/__/____
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PRACTICE DETAILS (to appear on the Register of Lawyers)

	Previous Information held by the Law Society:	Updated information:
Date from which these changes apply		
Organisation name		
Incorporated Law Firm ID number (if applicable)		
Organisation postal address City Postcode DX (if applicable) Country (if not New Zealand) Telephone Fax		
Type of Practising Certificate	<input type="checkbox"/> Barrister <input type="checkbox"/> Barrister and Solicitor	<input type="checkbox"/> Barrister <input type="checkbox"/> Barrister and Solicitor
Position		<input type="checkbox"/> Barrister <input type="checkbox"/> in sole practice <input type="checkbox"/> partner in a partnership <input type="checkbox"/> director in an incorporated law firm <input type="checkbox"/> shareholder of an incorporated law firm <input type="checkbox"/> employee of a law practice <input type="checkbox"/> in-house lawyer under an employment contract <input type="checkbox"/> in-house lawyer under contract for services
Do you intend to operate a trust account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you providing or intending to provide real estate services?		<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL CONTACT DETAILS (these details are optional, if shown, they will not appear on the Register of Lawyers)

Preferred Contact Address	<input type="checkbox"/> Organisation Address <input type="checkbox"/> Alternative Address	<input type="checkbox"/> Organisation Address <input type="checkbox"/> Alternative Address (please specify)
Email	Mobile	
Signature.....		

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