

Law firm update notification

Form guidelines

Use this form to notify the New Zealand Law Society Te Kāhui Ture o Aotearoa (Law Society) of any changes to a law firm or law firm branch.

If additional space is needed to answer a question, please use a separate sheet and attach to this form.

Privacy and information handling policy

The personal information collected and held by the Law Society will be used for purposes connected with the Law Society's regulatory functions.

Further information about how the Law Society handles information including personal information is set out in the Law Society's Information Handling Policy, which can be viewed at *lawsociety.org.nz/privacy*. This Policy also contains information about an individual's right to access and seek correction of their personal information. Please read this Policy before completing this form. If you have any queries about the Information Handling Policy, please email our Privacy Officer at *privacy@lawsociety.org.nz*.

1 Existing law firm details

Name of law firm/branch

Law Society organisation ID (if known)

Reason for notification

2

Law firm closure Branch closure Law firm or branch amalgamation with another Changes to name and/or contact details Change of trust account supervisor Change to trust account number Changes in directors or shareholders Staff movements

3 Change of name/contact details

Please provide new details where applicable or write 'no change'.

Date changes effective from

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3 Change of name/contact details continued

New name of law firm/branch

4

Postal address	Postcode
)X (if applicable)	Country (if not New Zealand)
Physical address (if different from postal)	
Felephone number	Website
Email	
Staff movements nclude newly appointed lawyers and changes to pos Position • Barrister sole • Employed barrister	 Sole practitioner Employed solicitor Director in an incorporated law firm
Partner in a partnership lame	Shareholder of an incorporated lawyer Position (please select one of the above)
Date approved to practise on own account	Date effective from
Name	Position
Date approved to practise on own account	Date effective from

Name	Position
Date approved to practise on own account	Date effective from
Name	Position
Date approved to practise on own account	Date effective from
Lawyer departures	
Name	Date effective from
Destination (if known, e.g new firm's name)	
Name	Date effective from
Destination	
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Name	Date effective from
Destination	
Destination	
Name	Date effective from
Destination	

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6 Changes of trust account details

Trust account number

Name of existing trust account supervisor

Name of new trust account supervisor

Date changes effective from



I confirm:

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- the contents of this form are true and correct;
- that each individual named in this form has authorised me to disclose their name and other details to the Law Society;
- I have read and understood the Information Handling Policy which can be viewed at *lawsociety.org.nz/privacy*.

Name (must be signed by the authorised officer of the firm, or director of the incorporated law firm)

Signature	Date (dd/mm/yyyy)

Sending this form

Please return via email:

🞽 registry@lawsociety.org.nz

For further information, contact:

- 🞽 registry@lawsociety.org.nz
- **C** 0800 223 030
- 🗖 www.lawsociety.org.nz