

COMMENCEMENT IN PRACTICE FORM

1. Practice Details

Please state the exact date of commencement in practice: _____

Name of solicitor: _____

Practice name: _____

Practice address: _____

Telephone no: _____

Fax no: _____

Mobile no: _____

Email address: _____

Partners in practice: _____

Compliance Partner: _____

Assistants in practice: _____

Consultants in practice: _____

Previous practice address (if applicable): _____

Date of departure: _____

Status in previous practice:

- ☐ Sole Practitioner
- ☐ Partner
- ☐ Assistant
- ☐ Consultant

2. Practising Certificate Details:

Do you hold a current practising certificate? ☐ Yes ☐ No

If no, please attach completed application form.

3. Professional Indemnity Insurance Details

Name of Insurer: _____

I enclose a copy of confirmation from my insurer / broker:
[Please tick [✓] if appropriate] ☐ Yes ☐ No

4. Solicitors Accounts Regulations

Please state the financial year end date adopted by you: _____

Reporting accountant's name: _____

Reporting accountant's practice name: _____

Reporting accountant's address: _____

Reporting accountant's telephone no: _____

Reporting accountant's professional qualification: _____

Is your proposed accountant engaged in public practice? ☐ Yes ☐ No

Has he/she previously reported to the Society on a solicitors practice? ☐ Yes ☐ No

If not, please enclose details of:

- (a) Accountant's professional qualifications
- (b) Copy of accountant's professional indemnity insurance cover
- (c) Copy of accountant's current practising certificate

5. Solicitors (Money Laundering & Terrorist Financing) Regulations

Please confirm whether your firm will be providing AML regulated legal services ☐ Yes ☐ No

6. Nominated solicitor

You are required to nominate a solicitor with a current practising certificate with whom the Society can liaise in respect of your practice in the event of your untimely death or any other reason that might prevent you from continuing in practice:

Address of nominated solicitor: _____

Name of nominated solicitor: _____

** Please note that in the event that you change the nominated solicitor, you are required to notify the Society accordingly.*

The Society recommends that all solicitors nominate a solicitor as one of their executors in their wills.

7. Other

I enclose a sample of my professional notepaper:

[Please tick [✓] if appropriate]

☐ Yes ☐ No

Please state any queries which you would like the Society to deal with relating to your practice:

I confirm that the above details are correct and that I am familiar with the requirements of the Solicitors Accounts and Solicitors (Money Laundering & Terrorist Financing) Regulations.

SIGNED:

***SIGNED:**

***SIGNED:**

DATE:

*** In the case of a partnership, only one form should be submitted with each partner having signed the form**

PLEASE RETURN YOUR COMPLETED FORM TO:

**Ms Tingyu Gong
Practice Regulation Executive
Regulation Department
Law Society of Ireland
George's Court
George's Lane
Dublin 7
DX 1025 Four Courts**

**Tel: (01) 8798749
Email: t.gong@lawsociety.ie**