

**Notification of change of information kept on register – law practice**

**Note:** This form is to be used for notification of changes of information on the register regarding *law practices* only.

The term 'law practice' is defined in the Legal Profession Uniform Law (Victoria) as follows:

**"law practice" means:**

- a) a sole practitioner; or
- b) a law firm; or
- c) a community legal service; or
- d) an incorporated legal practice; or
- e) an unincorporated legal practice

<b>Entity name:</b>	<b>Entity ID:</b> E00 _ _ _ _ _
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**This change relates to (please tick):**

- |  |  |
|--|--|
| <input type="checkbox"/> Sole practitioner       | <input type="checkbox"/> Incorporated legal practice   |
| <input type="checkbox"/> Law firm                | <input type="checkbox"/> Unincorporated legal practice |
| <input type="checkbox"/> Community legal service |  |

**Change type (please tick all that apply):**

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Law practice name                                     | Complete Part A |
| <input type="checkbox"/> Business name(s)                                      | Complete Part A |
| <input type="checkbox"/> Address for service / branch address                  | Complete Part B |
| <input type="checkbox"/> Non-Legal Partner(s) in law firm                      | Complete Part C |
| <input type="checkbox"/> Non-Legal Director(s) of incorporated legal practice  | Complete Part C |
| <input type="checkbox"/> Non-Legal Partner(s) of unincorporated legal practice | Complete Part C |

**PART A**

Previous entity name:
Previous ABN/ACN:
New entity name:
New ABN/ACN:

**Date of change:** \_\_\_/\_\_\_/\_\_\_

Previous business name(s):
New business name(s):

**Date of change:** \_\_\_/\_\_\_/\_\_\_

**PART B**

- New address for service (note: address for service must be street address)
- Branch address    Change existing branch address    Add (if insufficient space attach extra sheet)

Building, Level:	
Street:	
Suburb/Town:	
State:	Postcode:

**Other new addresses (optional)**

PO/GPO Box:	Suburb:
Postcode:	State:

DX No:	DX Suburb:
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Phone:	Fax:
Email:	
Website:	

Date of change: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Preferred mailing address (please tick)**

- Address for Service (Street address)    PO Box    DX

**PART C (Non-Legal Partners/Directors only)**

Non-Legal Partner(s) or Director(s) <b>commencing</b>	Non-Legal Partner(s) or Director(s) <b>ceasing</b>	Date of change

(if insufficient space attach extra sheet)

**I confirm that the information in this notice is true and correct**

\_\_\_\_\_  
[Signature of Principal of law practice]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Name of Principal (please print)]

\_\_\_\_\_  
[Principal Practitioner ID]

\_\_\_\_\_  
[Position in law practice]

**Privacy**

The Victorian Legal Services Board complies with the privacy principles set out in the *Privacy and Data Protection Act 2014*. All personal information you provide will be handled in accordance with these principles. The collection of the information on this form is required by the *Legal Profession Uniform Law Application Act 2014*. Information held by the Board may be disclosed to various organisations, including the Victorian Civil and Administrative Tribunal, the Law Institute of Victoria Ltd, Victorian Bar Inc., Victoria Police and corresponding interstate authorities in order to carry out its duties under the *Legal Profession Uniform Law Application Act 2014*.