

ADDITIONAL PRACTITIONER FORM

POST:	Law Mutual (WA) PO BOX Z5345, PERTH WA 6831	IN PERSON:	The Law Society of Western Australia Level 4, 160 St Georges Terrace Perth WA 6000
ENQUIRIES:	(08) 9481 3111		
EMAIL:	info@lawmutualwa.com.au		

Original copy not required. If sending by email, please scan and attach a signed copy of the completed form.

PLEASE COMPLETE A SEPARATE FORM FOR EACH ADDITIONAL PRACTITIONER

1. Name of Partnership / Incorporated Legal Practice / Sole Practitioner:

2. Practice Street Address:

Suburb: State: Postcode:

Postal Address:

Suburb: State: Postcode:

Phone: Mobile:

Email:

3. Full Name and status of Additional Practitioner

PID*	State of Admission	Surname	Given Names
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Status: e.g. Employed Solicitor / Partner / Director:

Date commenced this new position:

Practitioner's Email:

If part-time – Number of hours to be worked per week:

*Practitioner Identification Number (PID) issued by the Legal Practice Board for a practitioner who holds or will hold a practising certificate.

DECLARATION

I declare that the contents of this form are true and correct.

Signed: Date:

Must be signed by an authorised representative

Name of signee:

Name of authorised contact of business if different from the above: