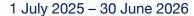
Professional Indemnity Insurance Arrangements for Western Australian Law Practices





The Law Society of Western Australia Level 4, 160 St Georges Terrace

Perth WA 6000

	ADDITIONAL	
FURINI IA -	ADDITIONAL	PRACTITIONER

POST: Law Mutual (WA)

PO BOX Z5345, PERTH WA 6831

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

Name of Partnership / Incorporated Legal Practice / Sole Practitioner:						
2. Praction	ce Street Address:					
Suburb:			State:	Postcode:		
Postal Add	ress:					
Suburb:			State:	Postcode:		
Phone:			Mobile:			
Email:						
3. Full Na	ame and status of Additional Pract	itioner				
PID*	State of Admission	Surname	Given Name	es		
Status: e.g.	Employed Solicitor / Partner / Dir	ector:				
Date comm	nenced this new position:					
Practitioner	r's Email:					
	– Number of hours to be worked p					
*Practitioner lo	dentification Number (PID) issued by the Lo	egal Practice Board for a prac	titioner who holds or will hold a practising	g certificate.		
DECLARA	TION at the contents of this form are true	e and correct.				
Signed: Date:						
Must be sign	ned by an authorised representative					
Name of sig	gnee:					
Name of au	thorised contact of business if dif	ferent from the above:				

IN PERSON: