Victorian Legal Services **BOARD**

Level 5, 555 Bourke Street Melbourne Vic 3000 GPO Box 492 Melbourne Vic 3001 DX 185 Melbourne T 03 9679 8001 T 1300 796 344 (local call) F 03 9679 8101 E admin@lsbc.vic.gov.au W www.lsbc.vic.gov.au

Notes – Notice of termination of provision of legal services: Incorporated legal practice Clause 104(3) & (5) – Legal Profession Uniform Law (Victoria) Rules 29 & 30 – Legal Profession Uniform General Rules 2015 (Vic)

Applicability of this form

You are required to complete this form if you are an *incorporated legal practice* (ILP) and intend to cease engaging in legal practice.

Please note that this form applies to ILPs only. Individual legal practitioners within the ILP must notify the Victorian Legal Services Board separately of their intention to cease legal practice through the Board's web portal: LSB Online.

Obligations

A law practice is required to notify the Board when it ceases to provide legal services within 14 days.

The Uniform Law provides as follows:

s.104 Notice of intention to engage in or terminate legal practice

(3) If a law practice to which this Division applies ceases to engage in legal practice in this jurisdiction, it must give the designated local regulatory authority a notice of that fact within the period specified in the Uniform Rules.

Civil penalty: 50 penalty units.

Instructions for completion

Please ensure that you have completed all sections of this form.

Please return the completed form to the Board via the lawyer enquiry form



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Notes – Notice of termination of provision of legal services: Incorporated legal practice	
Law practice details	
Entity name (registered company name):	Entity ID: E00
ACN:	ABN:
Termination details	
Date for ceasing engaging in legal practice:	
Protection Act 2014. All personal information you per The collection of the information on this form is received Act 2014. Information held by the Victorian Legal organisations, including the Victorian Civil and Adr	ministrative Tribunal, the Law Institute of Victoria Ltd, ng interstate authorities in order to carry out its duties
I confirm that the information in this notice is true and correct	
Signature of legal practitioner Director	
Name of Legal practitioner Director (please print)	Practitioner ID