



## COMMENCEMENT IN PRACTICE FORM

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### 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: \_\_\_\_\_

Assistants 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: Yes  No   
*[Please tick [✓] if appropriate]*

### 4. Solicitors Accounts Regulations

Please state the financial year 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. 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:

Name and address 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.



**6. Other**

I enclose a sample of my professional notepaper: Yes  No   
[Please tick [✓] if appropriate]

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

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**I confirm that the above details are correct and that I am familiar with the requirements of the Solicitors Accounts 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:**

**Mr Liam Barrett  
Solicitor, Practice Regulation  
Regulation Department  
Law Society of Ireland  
George's Court  
George's Lane  
Dublin 7  
DX 1025 Four Courts**

**Tel: (01) 6724800  
Email: [l.barrett@lawsociety.ie](mailto:l.barrett@lawsociety.ie)**