

Particulars of Solicitor

Full Name	
Admission No.	
Date of Admission	
Name of Law Practice in which Applicant proposes to practise as Sole Proprietor / Partner / Director / Associate Director	
Proposed Position to practise as:	
Proposed Date of Commencement of Practice as Sole Proprietor / Partner / Director / Associate Director	
Correspondence Address	
Office No.	
Mobile No.	
Fax No.	
Email	



THE LAW SOCIETY OF SINGAPORE

LEGAL PRACTICE MANAGEMENT COURSE

(1) Notice of Registration

(2) Undertaking to Complete Course

Pursuant to Sections 59(1)(a) and 75C(1) Legal Profession Act
Rules 4(1) and 6(2) Legal Profession (Legal Practice Management Course) Rules

SECTION 2

(1) NOTICE OF REGISTRATION PURSUANT TO RULE 4(1) LEGAL PROFESSION (LEGAL PRACTICE MANAGEMENT COURSE) RULES

(2) SEEKING CONSENT PURSUANT TO RULE 6(2) LEGAL PROFESSION (LEGAL PRACTICE MANAGEMENT COURSE) RULES

1 Pursuant to Rule 4(1) Legal Profession (Legal Practice Management Course) Rules, I, the Applicant whose particulars are set out in Section 1 above, hereby give Notice of Registration for the Legal Practice Management Course.

2# (1) Pursuant to Rule 6(2) Legal Profession (Legal Practice Management Course) Rules, I, the Applicant whose particulars are set out in Section 1 above, hereby seek the written consent of the Council of the Law Society to commence practice as sole proprietor/partner/director/associate director* of _____ (state name of law practice which particulars are set out in Section 1 above) (the "Law Practice") before completing the Legal Practice Management Course.

(2) I undertake to attend and complete the Legal Practice Management Course within one year from _____ (state date (DD/MM/YY)), being the date I propose to commence practice as sole proprietor/partner/director/associate director* of the Law Practice.

Note:

#: For Solicitor, to complete if proposing to practise as sole proprietor/partner/director/associate director before completing the Legal Practice Management Course. Otherwise, to delete paragraph.

*: To delete whichever is inapplicable.

THE APPLICANT

Full Name: _____

Signature: _____

Date: _____