

## Practice Unit Information - Annual Confirmation

HANDWRITTEN FORMS SHOULD BE COMPLETED IN BLOCK CAPITALS  
PLEASE AMEND AS APPROPRIATE

### Section 1 - Details of Practice Unit

Society ID

Name

Other Trading  
Names

Principal  
Business Address

Post Code

Country

DX Address

Other Business  
Addresses

Post Code

Post Code

Country

Country

DX Address

DX Address

Manager who will sign on behalf of the practice unit and who can respond to queries on this matter:

Name

Society ID

Business tel

Mobile

Business email

## Section 2 - Form of Practice Unit

Please tick all boxes that apply.

Sole Practitioner  ✓

Partnership  ✓

Incorporated Practice:

MNP:

which is a company  ✓

which is Scottish  ✓

which is a LLP  ✓

which is Non-Scottish  ✓

## Section 3 - Managers

If you wish to intimate that a person included in the following table is no longer a manager of the practice unit please add the date of termination of his/her appointment against the appropriate name.

Name	Society ID	Place of Business	Direct Email	Direct Tel No	Date of appointment	Date of termination of appointment

## Section 4 - Financial Compliance

If you wish to intimate that a person included in either of the following tables is no longer appointed to the relevant position please add the date of termination of his/her appointment against the appropriate name.

### Cashroom Managers(s)

Name	Society ID	Date of appointment	Date of termination of appointment

## Nominated Officer(s) / MLRO(s)

Name	Society ID	Place of Business	Direct Email	Direct Tel No	Date of appointment	Date of termination of appointment

## Accounts Rules

Accounts Certificate Type Expected

Date of Last Inspection

## Section 5 - Other Operational Appointments

If you wish to intimate that a person included in any of the following tables is no longer appointed to the relevant position please add the date of termination of his/her appointment against the appropriate name.

5A. Required for most practice units.

**Client Relations Manager(s)** (if more than one, each will be assumed to be responsible for the business address at which he/she is based but please identify Lead Client Relations Manager)

Note: not required for Non-Scottish MNPs.

Name	Society ID	Date of appointment	Date of termination of appointment

## Training Supervisor

Name	Society ID	Date of appointment	Date of termination of appointment

5B. Required for certain practice units

**Compliance Manager** (if practice unit providing civil legal aid)

Name	Society ID	Date of appointment	Date of termination of appointment

**ARTL Conveyancing Practice Manager** (if practice unit registered for ARTL)

Name	Society ID	Date of appointment	Date of termination of appointment

**ARTL Conveyancing Local Registration Authority** (if practice unit registered for ARTL)

Name	Society ID	Date of appointment	Date of termination of appointment

**Insurance Mediation Officer** (if required by IFB Rules)

Name	Society ID	Date of appointment	Date of termination of appointment

5C. Optional Appointments

**Risk Manager(s)**

Sole practitioners who have opted to fill this role themselves should tick the appropriate box in which case the details provided in Section 4 will apply.

Filled by sole practitioner

Name	Society ID	Place of Business	Direct Email	Direct Tel No	Date of appointment	Date of termination of appointment

## Section 6 - Declaration

I authorise the Society to seek confirmation from third parties of any matters pertinent to a proper consideration of this form.

I am authorised to sign this form on behalf of the practice unit. The information given in this form is correct and complete to the best of my knowledge and belief.

Signature

Date

Before returning the form please check the following:

Is the form signed?

✓

Has any additional information been labelled with relevant section and title and securely attached to the form?

✓

Please return the form, supporting documents and list of enclosures to:

Registrar Department  
The Law Society of Scotland  
Atria One  
Level 2  
144 Morrison Street  
EDINBURGH  
EH3 8EX

OR DX ED1 - EDINBURGH

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