

**Practice Unit Information – Initial Notification**

**PLEASE TYPE OR PRINT IN BLOCK LETTERS**

**Section 1 - Details of Practice Unit**

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

Telephone No 

Business	Mobile
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Business Email

**Section 2 – Form of Practice Unit**

Please tick all boxes that apply.

Practising as an incorporated practice or as a multi-national practice (MNP) requires the prior approval of the Society and separate processes apply. The categorisation of a MNP as Scottish or Non-Scottish depends on the Society's determination of the principal place of business of the MNP. For further information see our website.

Sole Practitioner	<input type="checkbox"/> ✓	Partnership	<input type="checkbox"/> ✓
Incorporated Practice		MNP	
which is a company	<input type="checkbox"/> ✓	which is Scottish	<input type="checkbox"/> ✓
which is an LLP	<input type="checkbox"/> ✓	which is Non-Scottish	<input type="checkbox"/> ✓

### Section 3 – Start Date

Please insert here the date the practice unit commenced, or intends to commence, practice:

Start date

### Section 4 – Managers

To be completed for all practice units, including sole practitioners

Name	Society ID	Place of Business	Direct Email	Direct telephone no	Date of appointment as Manager

### Section 5 – Financial Compliance

Cashroom Manager(s)

Sole practitioners need not complete this table as the details provided in Section 4 will apply.

Name	Society ID	Date of Appointment

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

Sole practitioners need not complete this table unless they have appointed an employee to this role. Otherwise the details provided in Section 4 will apply.

Name	Society ID (if applies)	Place of Business (if not Manager)	Direct Email (if not Manager)	Direct telephone no (if not Manager)	Date of appointment

## Section 6 – Other Operational Appointments

### 6A. Required for most practice units

Sole practitioners need not complete this Section 6A as the details provided in Section 4 will apply.

**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

### Training Supervisor

Name	Society ID	Date of Appointment

### 6B. Required for certain practice units

Sole practitioners should tick the relevant box to indicate that they are required by the practice rules to fill the appropriate role. Whenever a box is ticked the details provided in Section 4 will apply.

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

Applies to sole practitioner  ✓

Name	Society ID	Date of Appointment

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

Applies to sole practitioner  ✓

Name	Society ID	Date of Appointment

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

Applies to sole practitioner  ✓

Name	Society ID	Date of Appointment

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

Applies to sole practitioner  ✓

Name	Society ID	Date of Appointment

6C. 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 (if applies)	Place of Business (if not Manager)	Direct Email (if not Manager)	Direct telephone no (if not Manager)	Date of appointment

**Section 7 - 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

**Returning the Form**

Before returning the form please check the following:

Is the form signed?  ✓

Has the Insurance Certificate of the practice unit been securely attached?  ✓

Has any additional information or supporting documentation been appropriately labelled with the relevant section and securely attached to the form?  ✓

I attach payment in relation to the practice unit/principles obligations to the Client Protection Fund (for current fee see lawscot.org.uk)  ✓

I attach a copy of the practice unit letterhead for information.  ✓

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

Member Registration Team  
Law Society of Scotland  
[member.registration@lawscot.org.uk](mailto:member.registration@lawscot.org.uk)

GDPR, Data Protection Act 2018. For information about how we use your personal data see our [privacy policy](#) at [www.lawscot.org.uk](http://www.lawscot.org.uk)

April 2022