

## Practice Unit Information - Notification of Change

HANDWRITTEN FORMS SHOULD BE COMPLETED IN BLOCK CAPITALS

Section 1 must be completed in all cases. Other Sections only require completion so far as necessary to notify the Society of changes to information previously supplied.

### Section 1 - Details of Practice Unit

Society ID

Name

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

Name

Society ID

Business Telephone

Mobile

Business email

### Section 2 - Trading Names and Addresses of Practice Unit

Other Trading Names

Principal Business Address

Post Code

Country

DX Address

Other Business Addresses

Post Code

Post Code

Country

Country

DX Address

DX Address

### Section 3 - Managers

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

### Section 4 - Financial Compliance

#### 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

### Section 5 - Other Operational Appointments

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)

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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