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| **Part 1 General Information** | | | | | | |  |  |  |  |  |  |  |  |
| Full Name | |  | | |  | | | | | | | |  |  |
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| Home address | | | | |  | | | | | | | |  |  |
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| Telephone No: | | | | |  | | | | | | | |  |  |  |  |  |  |  |  | |
| Email: | | |  | |  | | | | | | | |  |  |  |  |  |  |  |  |
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| Business address | | | |  | | | | | | | | |  |  |
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| Email: | | | |  | | | | | | | | |  |  |
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| Which address would you prefer the Society to use for correspondence: | | | | | | | | | | | | | |  |
| Home | | | | Business | | | |  |  |  |  |  |  |  |

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| **Part 2: Specific Information** | | | | | | | | | |  |  |
| Please identify your risk management “light bulb” idea to improve the systems, processes or controls within private practice firms. | | | | | | | | | |  |  |
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|  | Please return your completed form by email to:  [FionaPaterson@lawscot.org.uk](mailto:FionaPaterson@lawscot.org.uk) by **noon** on **Friday 12th September 2025** | | | | | | | | |  |  |
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|  | Signed |  | | | | | | | |  |  | |
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|  | Date |  | | | | | | | |  |  | |
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