

FORM 2.20A
Notice of Change in Association of Practice

1. I presently practice with or am employed by _____ in the position of _____ (ie. sole practitioner, partner, associate or employee)
2. I, _____, give notice to the Society that I am continuing the active practice of law under a different arrangement as of _____, 20_____

I will continue to practice:

(i) as a sole practitioner under the name and style of

OR (ii) in association with the firm/organization under the name and style of

and in the position of _____

(partner, associate, employee)

OR (iii) as an employee of a government department or agency, a local government authority, a corporation or other non-member of the Society under the name and style of

To request exemption from the Law Society's professional liability insurance policy, members must also file Form 2.22A.

3. Please provide your new contact information:

Business Address:

Mailing: _____

Courier: _____

Telephone: _____

Fax: _____

Website: _____

Business Email: _____

Home Address:

Mailing: _____

Telephone: _____

Personal Email: _____

FORM 2.20A
Notice of Change in Association of Practice

4. Pursuant to Rule 9.01.1, I consent to the Society providing information about allegations, complaints and disciplinary matters concerning me to _____ (*designated person*) whose courier and/or mailing address is:

Sole practitioners are not required to complete item 4

5. Please check either (a), (b) or (c):

(a) **Annexed hereto is a letter and Form 5.07C, in accordance with Rule 2.20(1).**

OR

(b) I am associating in practice with persons who are members of an existing firm who are not in contravention of Rule 5.07 and who will continue to use the same books of account as were previously operated by that firm.

OR

(c) Not applicable.

6. If you checked (a) in question 5, please provide the following details:

I will maintain or have access to the following trust accounts:

Name of Account: _____

Institution: _____

Account #: _____

7. Please check Yes, No or N/A:

(a) All my clients' matters have been completed and disposed of, or transferred to another member of the Law Society, and I do not have any open or outstanding client files or matters.

(b) I am a sole practitioner and all trust funds and trust property for which I am responsible have been accounted for and paid over to the person(s) entitled to them, or transferred to another member of the Law Society.

(c) I am a sole practitioner and I have closed all trust accounts maintained by me, and I undertake not to operate or maintain a new trust account unless authorized in writing by the Vice-President.

(d) I do not hold trust funds or trust property for any client.

(e) I am the firm's Designated Person pursuant to Rule 9.01.1. The name and address of the individual who has been designated by the firm to replace me is:

FORM 2.20A
Notice of Change in Association of Practice

8. Arrangements have been made and consent has been obtained from my clients to have their ongoing files and all trust funds and trust property turned over to a practising member in good standing of the Law Society of Newfoundland and Labrador, namely:

Please attach a separate sheet listing your intended disposition if ongoing matters are to be distributed to various members of the Law Society of Newfoundland and Labrador.

9. Inactive client files and records and financial and accounting records, including trust accounting records, will be stored in the following location(s):

and _____ has been appointed with full power and authority to arrange for, and permit, access of clients and the Society thereto as may be required in the future.

10. Please check either (a), (b) or (c) in each section below:

I presently pay my fees by:

- (a) 12 automatic debits
 (b) 3 installments
 (c) full payment at beginning of year

With my change in practice, my fee payment will change to:

- (a) 12 automatic debits
 (b) 3 installments
 (c) full payment at beginning of year

Concerning automatic debits, provide the following information as appropriate:

- (a) Please remove my name from the current automatic debits
- (b) I am entering sole practice and have completed the attached authorization for monthly debits
- (c) My firm pays fees by automatic debits. Please add me to their automatic debit program according to the banking information listed below:

Bank Institution Number

Bank Transit Number

Bank Account Number

FORM 2.20A
Notice of Change in Association of Practice

11. I certify that the information provided herein is accurate.
12. I undertake to advise the Vice-President immediately of any change in the foregoing information.

Dated at _____, this _____ day of _____, 20_____

Name of Member

Signature

A NEW FORM MUST BE FILED IMMEDIATELY UPON A CHANGE IN THE INFORMATION CONTAINED
IN THIS FORM

FORM 2.20A

Pre-Authorized Monthly Debits for Practice Fees and Insurance

Terms and Conditions

I (We) authorize the Law Society of Newfoundland and Labrador (the Payee) to debit my (our) account as indicated on the attached "voided" cheque under the terms and conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given.

I (We) acknowledge that the delivery of my (our) authorization to the Payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of the I (We) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

- (a) I (we), never provided authorization to the Payee;
- (b) The pre-authorized debit was not drawn in accordance with my (our) authorization;
- (c) My (Our) authorization was revoked; or
- (d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee

I (We) warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Pre-authorized Payment Authorization
(Please complete all information)

Member: _____

Firm/Address: _____

Telephone/Contact information: _____

I (We) authorize the Law Society of Newfoundland and Labrador to process a debit, in paper, electronic or other form, in the amount of \$_____ on my (our) account on the 20th day of each month, beginning _____, 20____. I (We) agree that this amount may be increased/decreased by the Law Society of Newfoundland and Labrador at a future date.

The Law Society of Newfoundland and Labrador will, to the best of its ability, advise me (us) in writing, of any change in the amount to be debited in advance of its effective date.

I (We) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (we) have received a copy.

Signature

Date

Signature

Date