**FORM NO. 1**

**LEGAL PARTNERSHIP COMMENCEMENT NOTIFICATION FORM**

NOTIFICATION UNDER SECTION 104(1)(a) OF THE LEGAL SERVICES REGULATION ACT 2015 OF INTENTION TO PROVIDE LEGAL SERVICES

**Section 1 – Notification of commencement**

I, …………………………………. , a partner in the legal partnership named below, hereby give notice to the Legal Services Regulatory Authority that the legal partnership intends to provide legal services.

**Section 2 – Legal partnership information**

Name of the legal partnership as per Regulation 14 of the Legal Services Regulation Act 2015 (Legal Partnerships) Regulations 2024: ………………………………………..

If applicable, date of approval by Authority of name of legal partnership:…………

Principal address of the legal partnership: ………………………………………..

Date of notification: ………………………………………..

Telephone number of the legal partnership: ………………………………………..

Email address of the legal partnership: ………………………………………..

Date of intended commencement: ………………………………………..

**Section 3 – Legal partnership agreement**

I confirm that the legal partnership is a partnership formed under the law of the State by written agreement, by two or more legal practitioners, at least one of whom is a practising barrister, for the purpose of providing legal services and whose names and professional details I have entered in the attached schedule.

**Section 4 – Professional indemnity insurance**

I confirm that the legal partnership has in place, or will have in place from the date of the provision of legal services, professional indemnity insurance which complies with (tick box, as applicable):

|  |  |  |
| --- | --- | --- |
| (a) | regulations made under section 47 of the Legal Services Regulation Act 2015; |  |
| (b) | regulations made under section 26 of the Solicitors Act 1994 for the time being in force; |  |
| (c) | both (a) and (b) above |  |

I confirm the following details of the applicable policy or policies, as appropriate:

Name of insurer and broker if applicable: …………………………………………………

Policy Number: ……………………….

Name of insurer and broker if applicable: ………………………………………………………………………………………………

Policy Number: ……………………….

Name of insurer and broker if applicable: ………………………………………………………………………………………………

Policy Number: ……………………….

**Section 5 – Confirmation of fee paid**

I confirm that the commencement notification fee of €575.00 was transferred to the Legal Services Regulatory Authority bank account on ……………………….. (date).

**Section 6 - Consent to use of data**

By submitting this notification the partners consent to the use of the data therein by the Legal Services Regulatory Authority in the carrying out of its functions under the Legal Services Regulation Act 2015. The Legal Services Regulatory Authority may share the information within this notification with the Law Society of Ireland, the Bar of Ireland, the Honorable Society of King’s Inns and the partnership’s insurer(s) and broker(s), if applicable, for the purpose of verifying the data provided. By submitting this notification the partners consent to the provision by the Law Society of Ireland, the Bar of Ireland, the Honorable Society of King’s Inns and the partnership’s insurer(s) and broker(s), if applicable, to the Legal Services Regulatory Authority of any information sought by the Legal Services Regulatory Authority by way of verification of the within notification.

Dated this day of 20 .

……………………………………. Signature.

**SCHEDULE TO THE LEGAL PARTNERSHIP COMMENCMENT NOTIFICATION FORM**

**LIST OF PARTNERS**

The details of the partner(s) listed below should appear **exactly** as per the roll of practising barristers or the roll of solicitors, as appropriate.

|  |  |  |
| --- | --- | --- |
| **Name of Partner** | **Practising Barrister (PB)/ Practising Solicitor** | **PB No. / Solicitor No.** |
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The Statutory Declaration below should be completed by the person submitting the notification

**STATUTORY DECLARATION**

I, …………………………………, do solemnly and sincerely declare that to the best of my knowledge and belief the contents of the within notification and the schedule thereto are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1938.

Signed: ………………………………………..

Declared before me……………………………………………… [name in capitals] a [notary public] [commissioner for oaths] [peace commissioner] [person authorised by [insert authorising statutory provision].......................................... to take and receive statutory declarations] by ……………………………..

[who is personally known to me],

Or

[who is identified to me by …………………………………………. who is personally known to me]

Or

[whose identity has been established to me before the taking of this Declaration by the production to me of passport no. …………………… issued on …………………… by the authorities of …………………, which is an authority recognised by the Irish Government]

Or

[national identity card no. …………………… issued on …………………… by the authorities of …………………… [which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement]

Or

[Aliens Passport no. (document equivalent to a passport) …………………… issued on …………………… by the authorities of …………………… which is an authority recognised by the Irish Government]

Or

[refugee travel document no. …………………… issued on …………………… by the Minister for Justice, Equality and Law Reform]

Or

[travel document (other than refugee travel document) …………………… issued on …………………… by the Minister for Justice, Equality and Law Reform]

at …………………… [place of signature] this …… day of …………… [date]

………………………………..

[signature of witness].