**FORM NO. 3**

**LEGAL PARTNERSHIP MEMBERSHIP ALTERATION NOTIFICATION FORM**

FORM NOTIFYING THE LEGAL SERVICES REGULATORY AUTHORITY OF ALTERATION TO THE MEMBERSHIP OF A LEGAL PARTNERSHIP

**Section 1 – Notification of alteration**

I, …………………………………. , a partner in the legal partnership named below, hereby give notice to the Legal Services Regulatory Authority in accordance with Regulation 5 of the Legal Services Regulation Act 2015 (Legal Partnerships) Regulations 2024, of an alteration to the membership of the legal partnership.

**Section 2 – Legal partnership information**

Name of the legal partnership: ………………………………………….

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

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

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

Legal partnership reference number: ……………………………………

**Section 3 – Alteration information**

I have entered the name and professional details of each and every partner for whom an alteration is required in the attached schedule.

**Section 4 – Confirmation of fee paid**

I confirm that the membership alteration notification fee of €250.00 was transferred to the Legal Services Regulatory Authority bank account on ……………………… (date)

**Section 5 – 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 or 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 MEMBERSHIP ALTERATION NOTIFICATION FORM**

LIST OF PARTNERS

The details of the partner(s) listed below should be added to/removed from the list of partners in the legal partnership. The name of the partners should appear **exactly** as per the roll of practising barristers or the roll of solicitors, as appropriate.

**Alteration 1**

Name of partner: ……………………………………………………….

Nature of the alteration: Addition/Removal (delete as appropriate)

Address of partner: …………………………………………………………………………………………………

Practising Barrister (PB) No. / Solicitor No.: ……………………………..

**Alteration 2**

Name of partner: ……………………………………………………….

Nature of the alteration: Addition/Removal (delete as appropriate)

Address of partner: …………………………………………………………………………………………………

PB No. / Solicitor No.: ………………………………..

**Alteration 3**

Name of partner: ……………………………………………………….

Nature of the alteration: Addition/Removal (delete as appropriate)

Address of partner: …………………………………………………………………………………………………

PB No. / Solicitor No.: ………………………………..

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].