

## Transfer of an ACT Practising Certificate

**Complete this form if you are changing employers, but maintaining your ACT Practising Certificate.** This form must be completed and signed by the practitioner who is transferring from one employer to another.

This form is not to be completed if your change in employment requires a change to certificate type. Please contact [memberassist@actlawsociety.asn.au](mailto:memberassist@actlawsociety.asn.au)

Send to: Member Assist, ACT Law Society, [memberassist@actlawsociety.asn.au](mailto:memberassist@actlawsociety.asn.au)

### Your Details

Full Name:

Member ID or roll number:

Your email address:

Your mobile number:

### Previous Employer

Previous employer:

Date ceased practising with previous employer:

### Refund

Refund balance of practising certificate fee? *(tick one)*

No refund required

Refund to me *(complete details below)*

Refund to former employer *(complete details below)*

Refund to my bank account:

BSB                      Account number

Refund to my former employer:

Contact

Phone

Send completed forms to:

Member Assist, ACT Law Society,  
[memberassist@actlawsociety.asn.au](mailto:memberassist@actlawsociety.asn.au)

Enquiries:

Phone 02 6274 0300.

### New Employer

New employer:

Date commenced practising with new employer:

Address of new employer:

Contact person at new employer *(i.e. accounts or HR):*

Contact

Phone

Employment category:

Associate	Consultant
Director	Employee
Foreign lawyer	Legal practitioner director
Locum	Managing director
Managing partner	Office manager
Partner	Practice manager
Principal (sole practitioner)	Retiree
Senior associate	Senior consultant
Special counsel	Student
Not employed as a solicitor	

### Authorisation

Name:

Signature:

Date signed: