

PARTICULARS RELATING TO SOLE PRACTITIONER — FOREIGN FIRM

[Please put all information as required or put "not applicable"]

1. Name of sole practitioner

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2. Name of firm

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3. Details of the executor(s) of the will which contains the testamentary provision which provides for the management of my practice as a sole practitioner after my death.

Full Name (English & Chinese, if applicable)	Address	Telephone No	Fax No	Telex No	DX No

4. Details of the foreign lawyer holding an unconditional certificate of registration who has consented to manage my practice after my death, pending disposal or cessation of that practice.

Full Name (English & Chinese, if applicable)	Address	Telephone No	Fax No	Telex No	DX No

5. Details of where the will containing the testamentary provision which provides for the management of my practice as a sole practitioner is lodged.

Name	Address

6. Signature of principal:

(Print your name clearly underneath your signature)

Date: _____