

**NOTIFICATION OF CHANGES RELATING TO PARTICULARS  
IN AN APPLICATION FOR REGISTRATION AS A FOREIGN FIRM**

*[This form is to be completed pursuant to Rule 9(2)(a)  
of the Foreign Lawyers Practice Rules]*

**1. The name of the firm is:**

**1A. The name of the service company is:**

**2. The following particulars given to the Society have been/will be changed:**

**I. With effect from :**

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**I.a. Name of the Firm /  
Service company\* (English):**

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**(Chinese):**

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**Address (English):**

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**(Chinese):**

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**Email :**

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**Homepage :**

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**Tel No :**

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**Fax No :**

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*(A separate application for consent to change the name of firm is required.)*

I.b. Resident Partner(s)/Foreign Lawyer(s) who **have joined/will join** the firm/service company\*:

Name in Full (Surname first and underline/in bold)	Ref. no (at bottom of Cert. of Reg.)	Passport (Place of issue of No.)	H.K.ID No.	Position <sup>#</sup>	With effect from

**<sup>#</sup>The foreign lawyer who has joined/will join the firm as a principal must countersign this Notification or provide a written confirmation duly signed by him signifying his consent to be a principal of the firm.**

I.c. Resident Partner(s)/Foreign Lawyer(s) who **have left/will leave** the firm/service company\*:

Name in Full (Surname first and underline/in bold)	Ref. No. (at bottom of Cert. of Reg.)	Position	With effect from

I.d. Status of Resident Partner(s)/Foreign Lawyer(s) **has changed/will change** :

Name in Full (Surname first and underline/in bold)	Ref. No. (at bottom of Cert. of Reg.)	Previous Status	New Status <sup>##</sup>	With effect from

**<sup>##</sup>The foreign lawyer must countersign this Notification or provide a written confirmation duly signed by him signifying his consent to be a new principal of the firm if his new status is a principal of the firm.**

II. Professional Liability Insurance                      New                         Renewal  

If new, the effective date of change is: \_\_\_\_\_

II.a. Name of Insurer :  
\_\_\_\_\_

II.b. Address of Insurer :  
\_\_\_\_\_

II.c. Policy No. :  
\_\_\_\_\_

II.d. The period of coverage is from \_\_\_\_\_ to \_\_\_\_\_

*(A **certified** copy of the new insurance policy **and** confirmation (from the insurer) of renewal of the insurance policy should be attached.)*

III. Accountant's Report

The firm's new accounting period will be \_\_\_\_\_

*(A separate application for consent to change the accounting period is required.)*

IV. Please specify below any other changes of the particulars that are required to be given in the application for registration as a foreign firm.

\_\_\_\_\_  
\_\_\_\_\_

V. **Termination of Association**

<b>Name of Associated Solicitor's firm</b>	<b>With effect from</b>

*(A separate written confirmation from a principal of the solicitor's firm should be attached.)*

Signature of resident principal/partner:

\_\_\_\_\_  
Print your name clearly underneath your signature

**I hereby consent to be a new principal of the firm.**

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**Print your name clearly underneath your signature**

Date : \_\_\_\_\_

- Note:*
- (1) *One resident principal/partner of the firm may complete this form on behalf of all principals/partners.*
  - (2) *The Society will not acknowledge receipt of this form but you will be contacted if the Society requires further information.*
  - (3) *\* delete whichever is inapplicable.*