

COMMENCEMENT OF PRACTICE

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

1. The name of the firm is / will be :

In English -

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In Chinese, if applicable -

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2. The firm commenced/will commence business on :

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3. Details of the professional staff (full time and part time) of firm are set out below:

Full name (as on practising certificate)	Solicitors ref. no. (at bottom of practising certificate)	Status (principal/assistant solicitor/consultant)	Full-time/Part-time/Others - please specify

3A. Details of all other staff in the firm (full time and part time) are set out below.

Full Name (English & Chinese, if applicable)	Date of Birth	Chinese Commercial Code Number	ID Card/ Passport Number	Position	Mark "X" if Authorised Clerk	For Authorised Clerk - Name of Previous Firm

- NB (1) Persons employed by service companies of principal(s) are deemed to be employed in the firm.
 (2) Please attach an additional page if there is insufficient space.
 (3) Authorised clerks are employees who are empowered to visit clients in places of detention.

4. Details of the firm's office or offices are set out below. The firm's main office is listed first.

ADDRESS	TELEPHONE NO.	FAX NO.	TELEX NO./ E-MAIL	DX NO.

5. Essar Insurance Services Limited have been advised of the commencement of the practice and a copy of thier receipt for payment of the contribution required by the Solicitors' (Professional Indemnity) Rules is attached to this form.

6. The firm's accounting period for the purpose of the Accountant's Report Rules will be :

7. The form for Legal Visits by Solicitors' Employees to Persons in Custody *is/is not attached to this form.

8. If the firm engages a service company to provide staff for the firm:

Name of the Service Company:

Address:

Address of the Registered Office:

Telephone No.:

Fax No.:

DX No.:

Business Registration No.:

Directors of the Service Company:

Full Name (English & Chinese, if applicable)	Mark 'X' if Solicitor

9. The following are employed by the service company:

Full Name (English & Chinese, if applicable)	ID Card/ Passport Number	Chinese Commercial Code No	Date of Birth	Position	With Effect From

Note: Details of all employees of the service company must be provided, whether or not the employee has been provided as staff of the firm, whether part-time or full-time, remunerated or otherwise and whether or not the employee is a solicitor.

Signature of principal:

Print your name clearly underneath your signature

Date : _____

Personal Information Collection Statement

1. Your personal data collected using this form ("the data") will be used by the Law Society for the purposes of exercising its powers under the Legal Practitioners Ordinance and its subsidiary legislation (Chapter 159) and administering or enforcing the relevant provisions of the said Ordinance and its subsidiary legislation, and for any other legitimate purposes as may be required, authorized or permitted by law.
2. The data may be disclosed to relevant government departments and related organizations and to persons in the Law Society with responsibility for carrying out the purposes mentioned in paragraph 1 above.
3. You have a right to request access to and correction of the data. Any such request should be addressed to the Secretary General, the Law Society of Hong Kong, 3/F, Wing On House, 71 Des Voeux Road Central, Hong Kong.