



Notice of External Examiner Appointment – Law Practice (Regulation 49 of the *Legal Practitioners Regulations 2014*)

The completed document must be submitted within 2 months of the external examiner appointment to ethicsandpractice@lawsocietysa.asn.au

Personal Information Collection Statement

The Law Society of South Australia (Society) collects Personal Information in accordance with the *Privacy Act 1988 (Cth)* (Privacy Act) and the Australian Privacy Principles (APPs) set out in the Privacy Act. If you would like to know more about how your Personal Information is collected, used, held, or disclosed, you may view a full copy of the Privacy Policy at <https://www.lawsocietysa.asn.au/privacy>, or contact us at privacy@lawsocietysa.asn.au. By completing and signing this form and providing it to the Society, you consent to the collection of your Personal Information and acknowledge its use by the Society in accordance with their Privacy Policy. If you do not provide us with the requested Personal Information, or if the Personal Information provided is incorrect or incomplete, we may not be able to provide you with the appropriate regulatory advice and support, which may cause you to be in breach of your statutory obligations.

Instructions

A law practice must, as soon as possible after each end of financial year, have its trust records for that year externally examined by an external examiner appointed by the law practice. Only [Designated Persons](#) approved by the Society may be appointed as the law practice external examiner. The appointment must be accepted in writing by the examiner and addressed to the law practice. A copy of the written acceptance must accompany this form.

After being appointed, the external examiner may not resign or be removed from office by the law practice without the prior approval of the Society.

Law Practice Details

Name:

**Business
Address:**

Suburb:

State:

Postcode:

Accounting Firm Details (if appointing an approved firm of public accountants)

Firm Name:

**Business
Address:**

Suburb:

State:

Postcode:

**Full name of designated person at the
firm (if known):**



Declaration

I confirm that (please check):

☐ I have authority to appoint an external examiner on behalf of my law practice; and
I appoint:

☐ the accounting firm described above as my law practice external examiner;

☐ I have attached the acceptance from my appointed external examiner.

Signature of Practitioner:

Full Name of Practitioner:

Date: