

Notice of Cessation of a Practice Unit

PLEASE TYPE OR PRINT IN BLOCK LETTERS

Section 1 - Details of Practice Unit which is ceasing

Society ID Date of Cessation of Practice

Business Name

Business Address

City	Postcode
DX Address	

Manager who will sign on behalf of the practice unit and who can respond to queries on this matter:

Name

Society ID

	Home	Mobile
Telephone No(s)	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Email

Home address

City	Postcode
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Section 2 - Client Funds

Does the ceasing practice unit hold client funds? Yes No

If "Yes", what arrangements have been made in relation to client funds:

Where are the accounting records of the practice unit held?

Name of Business

Name of Contact

Telephone No

Address

City

Postcode

DX Address

Email

Section 3 - Current files

What arrangements have been made in relation to current client files?

If they are being passed to another firm of solicitors, please provide their details?

Name of Business

Name of Contact

Telephone No

Address

City

Postcode

DX Address

Email

When will they receive them?

If no one firm has taken these files, where will they be held?

Have you written to clients to advise they must mandate their file? Yes No

Section 4 – Title deeds, Wills & other deeds

What arrangements have been made?

If they are being passed to another firm of solicitors, please provide their details?

Name of Business

Name of Contact

Telephone No

Address

City

Postcode

DX Address

When will they receive them?

If no one firm has taken these deeds & Wills, where will they be held?

Have you written to clients to advise where their Will/deed is now held? Yes No

Section 5 – Archive files

What arrangements have been made for these files?

If files are in storage or under your control, what system is in place for the phased destruction of these files?

How can clients or their new agents arrange for the release of files?

Please provide contact details for clients or their new agents to use

Name of Business		
Name of Contact		
Telephone No		
Address		
	City	Postcode
	DX Address	
Email		

Section 6 - Miscellaneous

Please confirm that you will maintain your data protection registration while you retain client files. Yes No

If you are retaining client files, Wills and deeds, please provide a correspondence address which will be passed to clients or their new agents so that they can contact you.

Address		
	City	Postcode
Telephone No		

In addition, do you wish an email address to be provided to clients or other solicitors?

Email	
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Section 7 - Post Cessation Operational Appointments

The practice rules require the designation of a manager as Client Relations Manager to be responsible for complaints received before and for up to two years after the date of cessation of practise. Any person named here will be deemed to have assumed that responsibility from the date of cessation of practise in substitution for any person previously designated as Client Relations Manager.

Note: If either (or both) of these appointments are to be filled by the signatory of this form please insert "signatory" in the name column and we shall use the details already provided.

Client Relations Manager	
Name	
Society ID	
Place of Business	
Direct Email	
Direct Tel No	

Master Policy Insurers Contact

Name

Society ID

Place of Business

Direct Email

Direct Tel No

Section 8 - Declaration

I authorise the Society to seek confirmation from third parties of any matters pertinent to a proper consideration of this form.

I am authorised to sign this form on behalf of the practice unit. The information given in this form is correct and complete to the best of my knowledge and belief.

Signature

Date

Returning the Form

Before returning the form please check the following:

Is the form signed?

Has any additional information been labelled with relevant section and title and securely attached to the form?

Please return the form, supporting documents and list of enclosures to :

Registrar's Department
The Law Society of Scotland
Atria One, Level 2
144 Morrison Street
EDINBURGH,
EH3 8EX

OR DX ED1 EDINBURGH

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May 2018