The name of the firm is / will be :

1.

## **COMMENCEMENT OF PRACTICE**

## [Pursuant to rule 5 of the Solicitors' Practice Rules Cap. 159H]

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

|   |    | In English -             |                             |                            |                |
|---|----|--------------------------|-----------------------------|----------------------------|----------------|
| 2. The firm commenced/will commence business on :  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 (principal/assistant time/Others - |    |                          |                             |                            |                |
| 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 (principal/assistant time/Others -  |    | In Chinese, if applica   | ıble -                      |                            |                |
| 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 (principal/assistant time/Others -  |    |                          |                             |                            |                |
| 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 (principal/assistant time/Others -  | 2. | The firm <b>commence</b> | d/will commence busi        | ness on :                  |                |
| Full name (as on practising certificate)  Solicitors ref. no. (at bottom of practising (principal/assistant time/Others -   |    |                          |                             |                            |                |
| certificate) bottom of practising (principal/assistant time/Others -  | 3. | Details of the profess   | sional staff (full time and | d part time) of firm are s | set out below: |
|   |    |                          | bottom of practising        | (principal/assistant       | time/Others -  |
|   |    |                          |                             |                            |                |
|   |    |                          |                             |                            |                |
|   |    |                          |                             |                            |                |
|   |    |                          |                             |                            |                |
|   |    |                          |                             |                            |                |
|   |    |                          |                             |                            |                |
|   |    |                          |                             |                            |                |

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

| Full Name<br>(English &<br>Chinese, if<br>applicable) | Date<br>of<br>Birth | Chinese<br>Commercial<br>Code Number | ID Card/<br>Passport<br>Number | Position | Mark "X" if<br>Authorised<br>Clerk | For Authorised<br>Clerk - Name of<br>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<br>NO. | FAX NO. | TELEX NO./<br>E-MAIL | DX NO. |
|---------|------------------|---------|----------------------|--------|
|         |                  |         |                      |        |
|         |                  |         |                      |        |
|         |                  |         |                      |        |

### The Law Society of Hong Kong

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

| 6.      | The firm's accounting period for the purpose of the Accounta                     | ant's Report Rules will be: |
|---------|--|-----------------------------|
|         |  |                             |
| 7.      | The form for Legal Visits by Solicitors' Employees to Persattached to this form. | ons in Custody *is/is not   |
| 8.      | If the firm engages a service company to provide staff for the                   | e firm:                     |
|         | Name of the Service Company:   |                             |
|         | Address:   |                             |
|         |  |                             |
|         | Address of the Registered Office:  |                             |
|         |  |                             |
| Tele    | ephone No.: Fax No.:   | DX No.:                     |
| Busine  | ess Registration No.:  |                             |
| Directo | ors 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<br>(English & Chinese,<br>if applicable) | ID Card/<br>Passport<br>Number | Chinese<br>Commercial Code<br>No | Date of Birth | Position | With Effect From |
|--|--------------------------------|----------------------------------|---------------|----------|------------------|
|  |                                |                                  |               |          |                  |
|  |                                |                                  |               |          |                  |
|  |                                |                                  |               |          |                  |

| п аррп      | cable)  | Number                  | No   |                            |                                    |                   |              |  |
|-------------|---|-------------------------|--|----------------------------|------------------------------------|-------------------|--------------|--|
|             |   |                         |  |                            |                                    |                   |              |  |
|             |   |                         |  |                            |                                    |                   |              |  |
|             |   |                         |  |                            |                                    |                   |              |  |
| Note:       |   |                         | ervice company must be p   |                            |                                    | 1                 | of the firm, |  |
| 10.□        | section 7Al<br>Liability Pa   | D of the Legartnerships | liability partnershi<br>gal Practitioners O<br>(Top-up Insurance<br>er (LP-1) duly con | rdinance Cap e) Rules (Cap | . 159 and section p 159, sub leg A | as 3 and 4 of the | Limited      |  |
|             | *Please put   | a tick in the           | e box of item 10 if  | the firm is a              | limited liability p                | artnership.       |              |  |
|             | Please note that where the firm is a limited liability partnership and the particulars of the top-up insurance cover has changed since the firm last submitted its particulars, the firm must submit LP-4 within 14 days of the change.   |                         |  |                            |                                    |                   |              |  |
|             | Please also note that under section 5(2A) of the Solicitors Practice Rules, if at any time a firm that is a limited liability partnership within the meaning of Part IIAAA of the Legal Practitioners Ordinance does not have in existence a policy of insurance as is required under section 7AD of the Ordinance, a principal of the firm must notify the Society in writing within 14 days of the occurrence of that fact. |                         |  |                            |                                    |                   |              |  |
| ned by all  | partners of tl  | ne firm                 |  |                            |                                    |                   |              |  |
|             |   |                         |  |                            |                                    |                   |              |  |
| ne of Partn |   |                         | _  |                            |                                    |                   |              |  |
|             |   |                         |  |                            |                                    |                   |              |  |

Name of Partner Date : \_\_\_\_\_

#### **Personal Information Collection Statement**

The personal data collected in this Form ("the data") and the Declaration on Top-up Insurance Cover (LP-1) will be used by the Law Society of Hong Kong ("the Society") for the following purposes:

- (i) The processing of this notice of the commencement of a legal practice as a Hong Kong Limited Liability Partnership ("the Notice") and related matters;
- (ii) The exercise of the powers of the Society conferred upon it under the Legal Practitioners Ordinance (Chapter 159) and its subsidiary legislation; and
- (iii) The performance of the functions of the Society in accordance with its Memorandum and Articles of Association and the attainment of the objects for which the Society is established.

In giving the Notice, it is obligatory for you to supply the Society with the data requested in this Form except as otherwise indicated. The consequence for you if you fail to supply such data is that you will have failed to comply with the Solicitors Practice Rules.

The data may be provided to such persons within the Society whose proper business it is to have access to and assist in the processing of the Notice and related matters. The data may also be provided to other persons who may help the Society in attaining the purposes above mentioned.

The name of the law firm, its business address(es) and the date on which the law firm first became a limited liability partnership and if applicable, the dates from which or periods during which it has ceased to be a limited liability partnership will be kept by the Law Society in a List (which may be included in the Law List and other Law Society publications) and is available for inspection by members of the public in ascertaining the particulars of a law firm that is or has been a limited liability partnership.

Any data that is provided to anyone outside of the Society will be restricted to what is necessary and not excessive to achieve any intended purpose.

You have the 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.

The Privacy Policy Statement of the Society is available on its website at www.hklawsoc.org.hk.

## DECLARATION ON TOP-UP INSURANCE COVER FOR HONG KONG LAW FIRM OPERATING AS A LIMITED LIABILITY PARTNERSHIP

| I,     | , principal of  |  |  |  |
|--------|---|--|--|--|
|        | (name as on practising certificate)   |  |  |  |
|        | (name of Hong Kong firm operating as limited liability partnership)   |  |  |  |
| DO S   | SOLEMNLY AND SINCERELY DECLARE THAT:  |  |  |  |
|        | (name of Hong Kong firm operating as limited liability partnership)   |  |  |  |
|        | (name of flong Rong firm operating as infined hability partnership)   |  |  |  |
| and s  | m") complies with section 7AD(2), (3) and (6) of the Legal Practitioners Ordinance (Cap 159) sections 3 and 4 of the Limited Liability Partnerships (Top-up Insurance) Rules (Cap 159, sub AL), namely,   |  |  |  |
| i)     | the Firm is entitled to be indemnified against the part of the loss that exceeds HK\$20 million up to an amount not less than HK\$10 million in respect of any one claim with no limit as to the amount of liability of an insurer for claims in the aggregate or as to the number of claims; and                     |  |  |  |
| ii)    | indemnity is provided against loss brought about by the fraud or dishonesty of the employees of the Firm or the indemnified other than that occurring as a result of recklessness or dishonesty or a fraudulent act or fraudulent omission on the part of the principal in the conduct or management of the practice. |  |  |  |
| SAM    | I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE IE TO BE TRUE AND BY VIRTUE OF THE OATHS AND DECLARATIONS DINANCE  |  |  |  |
| Sign   | ature of principal of the Firm  |  |  |  |
| Decl   | ared before me at   |  |  |  |
|        | (detailed address)  |  |  |  |
| this _ | day of 20   |  |  |  |
| Sign   | ature of the Notary Public, Commissioner for Oaths, or other person authorised by the Oaths and   |  |  |  |
| 21511  | atore or the rectary radius, commissioner for outlis, or other person authorised by the outlis and  |  |  |  |

Declarations Ordinance to take declarations.

[Note: Please note that where the firm is a limited liability partnership and the particulars of the top-up insurance cover has changed since the firm last submitted its particulars, the firm must submit a revised Declaration on Top-up Insurance Cover duly completed and signed by the firm within 14 days of the change.

Please also note that under section 5(2A) of the Solicitors Practice Rules, if at any time a firm that is a limited liability partnership within the meaning of Part IIAAA of the Legal Practitioners Ordinance does not have in existence a policy of insurance as is required under section 7AD of the Ordinance, a principal of the firm must notify the Society in writing within 14 days of the occurrence of that fact.]