



IN THE SUPREME COURT OF GIBRALTAR

FORM TO BE SUBMITTED BY FIRMS OF SOLICITORS OR SOLE PRACTITIONERS

FOR THE YEAR ENDING 30 APRIL:

NAME OF FIRM:

TEL NO:

PRACTICE ADDRESS:

FAX NO:

OFFICE EMAIL:

PRINCIPAL/MANAGING
PARTNER'S NAME:

FIRM'S PRACTICE MANAGER/
CONTACT:

PROFESSIONAL INDEMNITY INSURANCE DETAILS

NAME OF INSURER:

POLICY NO:

PERIOD OF COVER:

LIMIT OF
COVER:

(A copy of the Insurance policy must be provided with this form.)

DECLARATION:

1. I declare that the information provided in this form is correct.
2. I agree to immediately notify the Registrar of the Supreme Court if the firm's circumstances change.
3. I confirm that I will file, or cause to be filed, an auditor's certificate as required by the Solicitor's (Practising Certificates) Rules 2005.

DATE:

PRINCIPAL OR MANAGING
PARTNER'S SIGNATURE: