

**External Examiners**

**Section 155 Legal Profession Uniform Law 2014 (Victoria)**

**Rule 66 Legal Profession Uniform Law General Rules 2015**

**Complete relevant parts**

- Part A** Notification of Appointment of External Examiner (both new & current EE)  Completed  
**Part B** Notification of cessation of an External Examiner  Completed  
**Part C** Notification of change of address for External Examiner  Completed

**Part A. Notification of Appointment of External Examiner**

<b>Name of Accountant</b>	<b>Name of Accounting Firm</b>	<b>LSB External Examiner ID number</b>
		A00
<b>Address for Service (street address):</b> _____		
_____		
<b>Telephone:</b> _____ <b>Fax:</b> _____		
<b>Date of Birth:</b> ____/____/____ <b>Email:</b> _____		
Do you agree to have your details displayed on an External Examiner register to be available on the Board's website? <b>Yes / No</b>		

Note: Under rule 65 of the *Legal Profession Uniform General Rules 2015*, the following are eligible to be appointed as External Examiners:

- members of CPA Australia holding a current Public Practice Certificate;
- members of Chartered Accountants Australia and New Zealand holding a current Professional Practice Certificate;
- members of the Institute of Public Accountants holding a current Professional Practice Certificate;
- auditors registered under Part 9.2 of the *Corporations Act 2001* (Cth);
- employees and agents of the Victorian Legal Services Board.

External Examiner (EE) has successfully completed a course of education approved by the Legal Services Council. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> _____ conducted by the Law Institute of Victoria on _____ <i>Course name</i> <span style="float: right;"><i>Date</i></span>	Rule 65(2)
<b>Name of Law Practice</b> _____	<b>VLSB Entity ID</b> E _____
<b>Date of Appointment (to law practice):</b> ____/____/____ <i>* Attach additional details if space insufficient</i>	

I **consent** to act as External Examiner for the above mentioned law practice for the purpose of examining the trust and other relevant records pursuant to sections 155(1) and 159 of the Legal Profession Uniform Law (Victoria).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*External Examiner*

**I confirm that the information in this notice is true and correct – Law Practice**

\_\_\_\_\_  
*Signature*  
Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_  
*Position in law practice / approved clerk*

**Privacy**

The Victorian Legal Services Board complies with the privacy principles set out in the *Privacy and Data Protection Act 2014* (Vic). All personal information you provide will be handled in accordance with these principles. The collection of the information on this form is required by the Legal Profession Uniform Law 2014 (Victoria) and the *Uniform Legal Profession General Rules 2015*. Information held by the Board may be disclosed to various organisations, including the Victorian Civil and Administrative Tribunal, the Law Institute of Victoria Ltd, Victorian Bar Inc., Victoria Police and corresponding interstate authorities in order to carry out its duties under the *Legal Profession Uniform Law Application Act 2014* (Vic).

**Part B. Notification of cessation of an External Examiner**

NOTE: Rule 66(2)(b) of the *Legal Profession Uniform Law General Rules 2015* requires the Law Practice to notify the Victorian Legal Services Board within 7 days of the External Examiner ceasing their appointment.

<b>External Examiner Name</b>	<b>Name of Accounting Firm</b>	<b>LSB External Examiner ID number</b>
_____	_____	A _____
<b>Address for Service (street address):</b> _____ _____		
<b>Telephone:</b> _____ <b>Fax:</b> _____		
<b>Email address:</b> _____		
<b>Name of Law Practice</b>	<b>VLSB Entity ID</b>	
_____	E _____	
<b>Address:</b> _____ _____		
<b>Date of cessation (from law practice):</b> ____/____/____		
<b>Reason for Resignation</b> (please tick)		
<input type="checkbox"/> Change to the appointed External Examiner within an accounting practice		
<input type="checkbox"/> Retirement		
<input type="checkbox"/> Other (please specify): _____		
<i>Additional details have been attached</i> <input type="checkbox"/>		

Is a Final Examination of the law practice trust account required? **Yes / No**. If Yes a Final Examination Form must be completed.

**I confirm that the information in this notice is true and correct – law practice**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Position in law practice / approved clerk*

\_\_\_\_\_  
*Date*

**Optional for External Examiners:**

I notify the Victorian Legal Services Board that the above-mentioned External Examiner is no longer engaged to perform external examinations of the trust and other relevant records of the above-mentioned law practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy**

The Victorian Legal Services Board complies with the privacy principles set out in the *Privacy and Data Protection Act 2014*. All personal information you provide will be handled in accordance with this Act. The collection of the information on this form is required the *Legal Profession Uniform Law 2014* (Victoria) and the *Uniform Legal Profession General Rules 2015* (Vic). Information held by the Victorian Legal Services Board may be disclosed to various organisations, including the Victorian Civil and Administrative Tribunal, the Law Institute of Victoria Ltd, Victorian Bar Inc., Victoria Police and corresponding interstate authorities in order to carry out its duties under the *Legal Profession Uniform Law Application Act 2014* (Vic).

**Part C. Notification of change of address or other details**

NOTE: The External Examiner should send this notification to Regulatory Compliance Programs at the Victorian Legal Services Board.

External Examiner Name	Name of Accounting Firm	LSB External Examiner ID number
_____	_____	A _____
<b>New Address for Service (street address):</b> _____ _____		
<b>Telephone:</b> _____ <b>Fax:</b> _____		
<b>Email address:</b> _____		
<b>New Postal Address:</b> _____ _____		

I notify the Victorian Legal Services Board of change of contact details for the above-mentioned External Examiner.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*External Examiner*