



THE LEGAL PROFESSION ACT  
Legal Profession (Annual Declaration of Activities) Regulations, 2014

**ANNUAL DECLARATION OF ACTIVITIES**

*To be filed in respect of each calendar year on or before the 31<sup>st</sup> January of the next calendar year*  
**Pursuant to [Section 5\(3C\) of the Legal Profession Act](#)**

Reporting Year: \_\_\_\_\_

**Part 1 – Basic Information for Attorney(s)**

1. Name of Attorney/Firm: \_\_\_\_\_

2. Please indicate the structure of your practice:

Sole Practitioner      Partnership      Other \_\_\_\_\_  
*Please indicate*

3. Business Address: \_\_\_\_\_  
*(Apt, Suite, Building No., Street Address, Town, Parish/State, Country)*

4. Contact details:  
\_\_\_\_\_  
*Telephone*      \_\_\_\_\_  
*Fax*      \_\_\_\_\_  
*email*

5. Number of premises/locations from which the Attorney/Firm operates: \_\_\_\_\_

6. Address & Contact details for other locations:

Business Address: _____ <i>(Apt, Suite, Building No., Street Address, Town, Parish/State, Country)</i>
_____ <i>Telephone</i> _____ <i>Fax</i> _____ <i>email</i>
Business Address: _____ <i>(Apt, Suite, Building No., Street Address, Town, Parish/State, Country)</i>
_____ <i>Telephone</i> _____ <i>Fax</i> _____ <i>email</i>
Business Address: _____ <i>(Apt, Suite, Building No., Street Address, Town, Parish/State, Country)</i>
_____ <i>Telephone</i> _____ <i>Fax</i> _____ <i>email</i>

7. Name and details of Attorney making this declaration (who shall be, where applicable, the Attorney making this declaration on behalf of the partnership of which he/she is a partner).

- a. Name: \_\_\_\_\_
- b. Attorney no.: \_\_\_\_\_
- c. Home Address: \_\_\_\_\_
- d. Contact nos.: \_\_\_\_\_  
*Work* *Cell*
- e. Email: \_\_\_\_\_

8. Where this declaration is being made on behalf of a firm, set out the names and position of all attorneys in the firm during the Reporting Year (attach list if space provided below is inadequate):

<u>#</u>	<u>Name of Attorney</u>	<u>Position</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

**Part 2 - Activity Information**

9. Please indicate whether you or your firm has for the last ensuing calendar year engaged in any of the following activities on behalf of any client: (\*We advise that you refer to the [GLC Anti-Money Laundering Guidance for the Legal Profession](#) regarding the activities listed below)

**Yes**

**No**

Purchasing or selling real estate

Managing clients' money, securities or other assets

Managing bank, savings or securities accounts

Organizing contributions for the creation, operation or management of companies

Creating, operating or managing a legal person or legal arrangement (such as a trust or settlement)

Purchasing or selling a business entity

None of the above activities

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**Part 3 – Nominated Officer** (Pursuant to [Regulation 5\(3\) of the Proceeds of Crime \(Money Laundering Prevention\) Regulations, 2007](#))

**(An attorney who does not engage in any of the activities listed at paragraph 9 of this Declaration need not have a nominated officer)**

10. Name of Nominated Officer if applicable: \_\_\_\_\_

(a) Address: \_\_\_\_\_

*(Apt, Suite, Building No., Street Address, Town, Parish/State, Country)*

(b) Contact nos.: \_\_\_\_\_

*Work*

*Cell*

(c) Email: \_\_\_\_\_

**DECLARATION**

I declare that the information provided herein is true, correct and complete and that I have complied with the provisions of [Section 5\(3C\) of the Legal Profession Act](#).

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name:

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

**OR**

I, \_\_\_\_\_, being a Partner of

*insert name*

\_\_\_\_\_  
*insert name of Firm*

declare that I have the authority and have been duly appointed by the partnership to make this declaration on its behalf. I further declare that on behalf of all the attorneys constituting the partnership that the information provided herein is true, correct and complete and that the partnership has complied with the provisions of Section 5(3C) of the Legal Profession Act.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name:

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