



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 31st January of the next calendar year

Pursuant to Section 5(3C) of the Legal Profession Act

Reporting Year*: _____

Are you completing this form for more than one attorney?*: _____

Part 1 – Basic Information for Attorney(s)/Firm

1. Name*: _____ Attorney or Firm?*: _____
2. Please indicate the structure of your practice*:
Sole Practitioner Partnership Other _____
Structure of Practice
3. Business Address*: _____
Apt, Suite, Building No., Street Address* Town* Code Parish
4. Contact details:
_____ Telephone Nos. Fax Email*
5. Number of premises/locations from which the Attorney/Firm operates*: _____
6. Address & Contact details for other locations: *Entry below is enabled if number of premises is greater than 1. If space provided is inadequate, attach list [in Excel format](#) with the same address and contact fields.*

Business Address: _____ Apt, Suite, Building No., Street Address Town Code Parish
_____ Telephone Nos. Fax email
Business Address: _____ Apt, Suite, Building No., Street Address Town Code Parish
_____ Telephone Nos. Fax email
Business Address: _____ Apt, Suite, Building No., Street Address Town Code Parish
_____ Telephone Nos. Fax email

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:

Yes **No**

- a. Purchasing or selling real estate
 - b. a. Managing clients' money, securities or other assets
 - c. Managing bank, savings or securities accounts
 - d. Organizing contributions for the creation, operation or management of companies
 - e. Creating, operating or managing a legal person or legal arrangement (such as a trust or settlement)
 - f. Purchasing or selling a business entity
- None of the above activities

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): _____

Is the Nominated Officer an attorney? Yes No Attorney No. _____

(a) Address: _____
Apt, Suite, Building No., Street Address *Town* *Code* *Parish*

(b) Contact Nos.: _____ (c) Email: _____
Work No(s) *Cell No(s)*

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](#)

Digital Signature **ONLY**: (if available) Attorney Name: Date: (mm/dd/yyyy)

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.

Digital Signature **ONLY**: (if available) Attorney Name: Date: (mm/dd/yyyy)