

Current Details as held on Provider List *Please PRINT clearly*

Listed Provider Name

Provider number

Name of law practice or sole provider

Existing approvals

Litigation experience level Level 1 Level 2 Level 3

New Details *Please PRINT clearly*

Date effective

Name of law practice or sole provider

Postal address DX Address

Street address of law practice

Town/City

Phone Fax

Email District Law Society

Will you be practising as a Solicitor Barrister Barrister/Solicitor Other - Give details
↓

Signature _____ Date ____ / ____ / ____

On completion please return to

Provider List Administration
Legal Services Agency
PO Box 5333
WELLINGTON
DX SP 22526

Agency Use Only

LAO updated	/	/	Date Effective	/	/
Database updated	/	/	Provider List updated	/	/
Schedule A issued	/	/	Grants office advised	/	/
Copy for file	/	/	Part 8 completed and forwarded to Finance	/	/