

LSRA Reference Number:

**PB**

**Amendment to Details on the Roll of Practising Barristers**

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| **Change to Information Displayed on the Roll of Practising Barristers** |

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| **Description** | **Previous Details** | **New Details** |
| First name |   |   |
| Surname |   |   |
| Other Professional Name |   |   |
| Member of the Law Library | YES/NO | YES/NO |
| In full-time service of the State | YES/NO | YES/NO |

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| **Please use the following Correspondence address(es) to contact me** **and remove any others from the LSRA records** |
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| **Please use the following Email address(es) to contact me****and remove any others from the LSRA records** |
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| **Please use the following Phone number(s) to contact me****and remove any others from the LSRA records** |
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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Name in Block Capitals:

ALL COMPLETED AMENDMENT FORMS SHOULD BE SUBMITTED BY EMAIL TO lsra-roll@lsra.ie OR BY POST TO THE LEGAL SERVICES REGULATORY AUTHORITY, PO BOX 12906, DUBLIN 7