

## FACSIMILE HEADER

To:	<b>Statutory Deposit Account Officer, Legal Services Board</b>
Fax number:	(03) 9679 8100
From:	
Fax number:	

## APPLICATION FOR EXEMPTION FROM STATUTORY DEPOSIT (Insufficient funds to enable deposit) *Section 3.3.68 Legal Profession Act 2004*

Law practice name: \_\_\_\_\_  
 Entity no/Address: \_\_\_\_\_  
 Account name: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 ADI and branch: \_\_\_\_\_

Please provide the following information in relation to the trust account:

	Balance \$	Date
Bank statement balance (most recent date)		
Less unpresented cheques		
Less impending trust payments		
Adjusted Balance		
Required Deposit Amount		

The law practice is unable to deposit the required deposit amount because (please provide reasons and other relevant information):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the basis of the above information, the law practice applies for exemption from the requirement to deposit the amount required under s 3.3.63 of the *Legal Profession Act 2004* by the 21<sup>st</sup> of the first month of the current quarter. I acknowledge that exemptions are granted on condition that the law practice deposits the required deposit amount with the Board if sufficient funds become available during the quarter, and such other conditions as the Board may consider appropriate, including that the Board may require a smaller deposit that is reasonable in the circumstances.

Signed: \_\_\_\_\_  
 Full name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must be signed on behalf of the law practice by a principal or authorised associate of the practice)*