

Bar Mutual Indemnity Fund Limited 90 Fenchurch Street London EC3M 4ST

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Change of Status - Ceasing Self-Employed Practice

Name:	Membership No.:
Reason for Ceasing Self-Employed Practice	
	Date Effective from
Retirement	
Maternity/Paternity Leave	
Sabbatical/Career Break	
Change of Status	
Chambers Name that you are Leaving:	
Address:	
Home Address for correspondence:	
Personal email address:	
Date of ceasing practice/retirement:	
Signed:	
Dated:	
Please return your completed form to 'The Managers' at the above address or by email to	

Please return your completed form to 'The Managers' at the above address or by email to info@barmutual.co.uk.

