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New - Sole Practitioner's Chambers

Name:	Membership No.:
Chambers barrister is leaving:	
Address:	
Head of Chambers:	
Date of move:	
Name of Sole Practitioner's Chambers:	
Address:	
Contact Telephone Number:	
Sole Practitioner's Email Address:	
Commencement Date:	
Signed:	Dated:

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

