

## Change of Status - Ceasing Self-Employed Practice

Name:	Membership No.:
Reason for Run Off Cover	
	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 [info@barmutual.co.uk](mailto:info@barmutual.co.uk).**