

**Bar Mutual Indemnity Fund Limited** 90 Fenchurch Street London EC3M 4ST DX: CDE621

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## 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 t info@barmutual.co.uk.	

