

Change of Status - Ceasing Self-Employed Practice

Name:		Membership No:
Reason for Ceasing Self-Employed Practice		
		Date Effective from
Retirement	<input type="checkbox"/>	
Sabbatical/Career Break	<input type="checkbox"/>	
Change of Status	<input type="checkbox"/>	
Medical Leave	<input type="checkbox"/>	

Name and address of Chambers that you are leaving:

Home Address for correspondence:

Personal email address:

Mobile Number:

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.