



**PRE-PAID**  
Legal Services<sup>©</sup>



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Pre-Paid Legal has a nationwide network of Law Firms (Legal Service Providers) providing legal services to Pre-Paid Legal members across the country.

To apply and become a Legal Services Provider applicants simply complete the form below. Completing this form does not commit you or your firm and it is only the first step in our evaluation process.

In order to be accepted as a Legal Service Provider to our network the Law Firm must have been established for a minimum of 10 years, have the appropriate level of insurance coverage required by the law and be in good standing with the Legal Practice Board in their respective State or Territory.

## LEGAL SERVICE PROVIDER APPLICATION

Name of Law Firm: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address of Law Firm: \_\_\_\_\_

State/Territory: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Principal/Managing Partner: \_\_\_\_\_ No. of Partners: \_\_\_\_\_  
(or contact person for this application)

Areas of law covered (please tick appropriate boxes) No. of Solicitors/Lawyers: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Company Law                    | <input type="checkbox"/> Family Law                           |
| <input type="checkbox"/> Mergers and acquisitions       | <input type="checkbox"/> Real Estate Law – Conveyancing       |
| <input type="checkbox"/> Capital Raising                | <input type="checkbox"/> Wills and Estate Planning            |
| <input type="checkbox"/> Civil and Criminal             | <input type="checkbox"/> Corporate Law                        |
| <input type="checkbox"/> Motor Vehicle                  | <input type="checkbox"/> Insolvency and Bankruptcy Litigation |
| <input type="checkbox"/> Criminal Injuries Compensation | <input type="checkbox"/> Taxation Law                         |
| <input type="checkbox"/> Personal Injury                | <input type="checkbox"/> Immigration                          |
| <input type="checkbox"/> Medical Negligence             | <input type="checkbox"/> Other/Specify _____                  |
| <input type="checkbox"/> Business and Banking           | _____   |
| <input type="checkbox"/> Employment Law                 | _____   |

Does the above Law Firm have a Firm Profile and any Corporate Literature/Brochures?  Yes  No

If yes please enclose and forward copy(s). If accessible via website please indicate  Yes  No

Does the above Law Firm have affiliate branch offices either within the State or in another State, please indicate  Yes or  No. If yes please indicate name of branch offices and addresses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please Note:** Law Firm Criteria: Firm must have been established for a minimum of 10 years and be State based not National