



Legal Practice Board



Level 29 385 Bourke Street
Melbourne Victoria 3000
GPO Box 4937V
Melbourne Victoria 3001
Telephone 03 9642 5333
Facsimile 03 9670 4032
AUSDOC DX 170

Notification of Changes by Individual Practitioners

Legal Practice Act 1996 Section 13 & 49

Practitioner Details as Currently Recorded

Surname GOBBO	First Name NICOLA M.
Practitioner ID 27431	Business Name

CHANGES

Change to Practitioner Details

Surname	First Name
Middle Initials	Title (Ms, Mr, Dr etc.)
Date of Change to Practitioner Details 30/10/98	

Change to Address for Service of Notices and other Documents^A

Building, Level Clerk Meldrum, Owen Dixon Chambers	
Street 205 William Street	
Suburb/Town Melbourne	State Vic
Postcode 3000	PO Box or DX 93
Email Address	Business Telephone (03) 9608 7444
Business Facsimile (03) 9608 8686	Date of Change to Address Details 30/10/98

I now engage in Legal Practice - (Please tick ✓ one)

- | | |
|--|--|
| <input checked="" type="checkbox"/> As a partner of a firm | <input type="checkbox"/> As a sole practitioner |
| <input type="checkbox"/> As a director of an incorporated practitioner | <input type="checkbox"/> As a corporate practitioner |
| <input type="checkbox"/> As an employee | |

Date of Change to manner of legal practice **30/10/98**

Changes to Firm or Employer Name and Address

(formerly employee of **Solicitor 1**)

Name N. Gobbo	now completing vic Bar Readers Course
Building, Level	
Street	
Suburb/Town	
State	Postcode
Date of Change to Firm or Employer Details / /	

Office Use Only. Processed by: BS	Date: 4/11	Practitioner ID P14492	Entity ID E89345	CR No.
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Changes to Condition, Limitation or Restriction on practice (in home jurisdiction or elsewhere)

Date of Changes in Condition, Limitation or Restriction on Practice / /

Sole Practitioners - Changes to Employees (attach details if insufficient space)

Surname	First Name	Date of Birth	Admission Date	Date Started	Date Ceased

Sole Practitioners - Changes to trust account details^a

Victorian Trust Account Bank details

Name of Trust Account	Bank where account held
Bank Address	
BSB Code	Account Number

Approved Auditor Details

Name	
Building, Level	
Street	
Suburb/Town	
State	Postcode

RPA Re-allocation^c

RPA Name <i>Victorian Bar Inc.</i>	As from <i>30 / 10 / 198</i>
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Signature <i>[Signature]</i>	Date <i>30 / 10 / 198</i>
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