



THE SCOTTISH LEGAL AID BOARD
Criminal Legal Assistance Register

Change Of
Compliance Partner

Name of firm		Firm code no.	
Principal business address			
Name of new Compliance Partner (see code of Practice, paragraph 2.3.3)			

COMPLIANCE PARTNER DECLARATION

- **With effect from the date below I have assumed the role of Compliance Partner for the above firm.**
- **I confirm that I DO/DO NOT* set targets for staff in the firm with which I am connected.**
I attach a copy of the written instructions to staff relating to targets.
(*Delete as appropriate)
- **I confirm that the firm complies with and will continue to comply with the Code of Practice in relation to Criminal Legal Assistance.**
- **I confirm that, with effect from the date below, I agree to undertake the responsibilities of Compliance Partner as described in paragraph 2.3.3 of the Code.**

Effective date	/	/	Signature	
			Date	

After completion, send the form to:
Receipts & Payments, The Scottish Legal Aid Board, 44 Drumsheugh Gardens, Edinburgh, EH3 7SW (DX 555250 General Mail, Edinburgh 30)

For office use only:

Register up-dated	(Inits)	(Date)	Confirmed	(Inits)	(Date)
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