[Legal Practitioner’s Certificate to be printed on official letterhead, or office stationery]

Date:

Dear Registrar,

CONFIRMATION OF INDEPENDENT LEGAL ADVICE FOR –

[FULL NAME OF APPLICANT]

I [legal practitioner’s full name]

of [the full name of the legal practice]

confirm that [full name of applicant]

of [residential address of applicant]

born [date of birth of applicant]

has received independent legal advice, regarding the:

1. effect of the registration of the caring relationship on the rights of the parties to the relationship; and
2. advantages and disadvantages, at this time, to him/her of registering the caring relationship.

Should you have any queries please contact

me on [legal practitioner’s phone number]

or [title and family name of applicant]

on [daytime phone number of applicant]      .

Yours faithfully,

[Full name of legal practitioner]

[Position title of legal practitioner]

[Legal Services Board registration number]