

CRITICAL INFORMATION LIST*

A Critical Information List is a 'must have' for every law practice. Its purpose is to ease the delegation of your law practice's management to others, should the need ever arise.

LAW PRACTICE DETAILS		
Law practice name & address		
Bar Council Membership Number		
Tax file number ("TFN") for your law practice		
Banker(s) (Bank, name & contact details)		
LAW PRACTICE PERSONNEL DETAILS		
	Name	Contact details
Partner(s)	(1)	
	(2)	
	(3)	
Accountant/Accounting firm		
Lawyer/Legal firm		
Power of Attorney (business purposes)		

INSURANCE				
	Company	Policy No.	Renewal date	Location of Policy
Building				
Contents				
Other insurance (eg – disability, trauma etc)	(1) (2) (3)			
Note: If any insurance policy is paid by direct debit, rather than by invoice, be sure to make a note of that.				
BUSINESS BANK DETAILS				
I have ____ business accounts				
(Security alert: make arrangements for PINs and passwords to be assessed only by the trusted person of your choice. Do not record them here unless you are absolutely confident they will be the only person seeing this document.)				
My business banker is		Contact details		
Bank				
Name of account	Account Number			

Direct debits associated with this account (if any)		
Company (& contact details)	Amount of debit	Date of debit
Bank		
Name of account	Account Number	
Direct debits associated with this account (if any)		
Company (& contact details)	Amount of debit	Date of debit
My tax file number		
My Bar Council Membership No		
BUSINESS LOAN DETAILS		
I have ____ business loans		
Who is the loan from?		
What is the account number (if loan is from a financial institution)		
What is the loan amount?		

When are payments due?		
How much is the minimum payment?		
How are payments made?		
Where is the loan agreement kept?		
BUSINESS CREDIT CARDS		
<p>(Security alert: Make arrangements for PIN and passwords to be assessed only by the trusted person of your choice. Do not record them here unless you are absolutely confident they will be the only person seeing this document.)</p>		
Company	Contact details	
Card name	Card number	
Direct debits associated with this card (if any)		
Amount of debit	Date of debit	
Company	Contact details	
Card name	Card number	
Direct debits associated with this card (if any)		

Amount of debit	Date of debit			
BUSINESS LEASES				
Building (Address of the building)				
Equipment (Describe the lease equipment)				
Cars (Registration number(s) of vehicle(s))				
Mobile phones (Describe the vendor or the service provider)				
	Building	Equipment	Cars	Mobile phones
Who are the payments made to?				
When are payments due?				
How much is the minimum payment?				
How are payments made?				
When does the lease end?				
STAFF DETAILS				
Name	Position		Contact details	

(1)		
(2)		
(3)		
(4)		
(5)		
Staff Salary details		
Where do you keep details of payments you make to staff and on behalf of staff? Eg Payslips, EPF payments, subscriptions, etc		
KEY CLIENTS		
Client Name	Client Details	
(1)		
(2)		
(3)		
(4)		
(5)		
SUPPLIER DETAILS		
Name	Nature of Goods and/or Services supplied	Contact details
(1)		
(2)		

(3)		
(4)		
(5)		
IMPORTANT DOCUMENTS		
(1) Financial Statements		
Within your business who prepares your financial statement?		
Where are copies of the statements kept?		
(2) Debtor & Creditors list		
Where is the debtors & creditors list kept?		
(3) Business plan		
Where is the current copy of the business plan kept?		
(4) Governance		
Where are minutes of meetings kept? Eg – Meetings of the board, or the directors, or other governance requirements?		
(5) Account management/book keeping		
Who has the responsibility of preparing returns?		
Where are the copies of the		

returns kept?	
PERSONAL DETAILS	
This is a copy of my will in this file	Yes No
The original copy of my will is held at	
The executor(s) of my will	Name: Address: Phone:
	Name: Address: Phone:
	Name: Address: Phone:
Funeral arrangements	
I have prepaid my funeral (Details attached)	Yes No

I have planned my funeral (Details attached)	Yes	No	
PROPERTY			
I own the following property			
	Address	Name of owner/joint owners	If rented – Managing agent
Without mortgage	(1)		
	(2)		
With mortgage	(1)		
	Amount Due: _____ Minimum payment: _____ When: _____ How is it paid: _____		
	(2)		
	Amount Due: _____ Minimum payment: _____ When: _____ How is it paid: _____		

Where is the original deeds of your property		
(1)		
(2)		
Bank Details		
I have _____ personal accounts		
(Security alert: Make arrangements for PINs and passwords to be accessed only by the trusted person of your choice. Do not record them here unless you are absolutely confident they will be the only person seeing this document.)		
My business banker is	Contact details	
Bank		
Name of Account	Account Number	
Direct debits associated with this account (if any)		
Company (& contact details)	Amount of debit	Date of debit
Bank		
Name of Account	Account Number	
Direct debits associated with this account (if any)		

Company (& contact details)		Amount of debit		Date of debit
My tax file number				
My Bar Council Membership No				
Employee Provident Fund (EPF) Number				
INSURANCE				
	Company	Policy No	Renewal date	Location of Policy
Life Insurance				
Health/Medical				
Personal Accident (PA)				
House and Content				
Mortgage Protection				
Car(s)	(1) (2) (3)			
	When is registration due on car(s) (1) (2)			

	(3)	
	Where are the vehicle registration paper(s)	
	(1)	
	(2)	
	(3)	
Note: If any insurance policy is paid by direct debit, rather than by invoice, be sure to make a note of that		
CREDIT CARDS		
(Security alert: Make arrangements for PINs and passwords to be accessed only by the trusted person of your choice. Do not record them here unless you are absolutely confident they will be the only person seeing this document.)		
Company	Contact details	
Card name	Card number	
Direct debits associated with this account (if any)		
Amount of debit	Date of debit	
Company	Contact details	
Card name	Card number	

Direct debits associated with this account (if any)		
Amount of debit	Date of debit	
VALUABLES		
Where do you keep your passport?		
Do you have a bank security box	Yes	No
	Which bank is it at?	
	Where is your key	
Do you have valuables anywhere else (Give details)		

Note: When you have completed the form, consider where you will lodge copies eg with your lawyer, your accountant, in a safe deposit box etc. Remember that the document will need to be reviewed/updated regularly. **DO NOT LEAVE THE DOCUMENT IN ANY PLACE THAT IS NOT COMPLETELY SECURE**

*Extracted from Setting Up Practice (2014)