Application for Registration as a Lawyer under Part **IIIB** of the Advocates Law Cap.2 as amended and harmonised under Directive 98/05EC

Personal Details

Surname	Date of birth	
Form of address (for example Mr/Mrs/Miss/Ms/Dr/Prof)	Place of birth	
Sex M F	Nationality	
First Names		
ado ple	ase use a separate sheet to give details of ditional addresses. If more than one firm, ase give full details, using a separate sheet, ecessary.	
Professional title in home Member State Firm's (or organization's name)		
Principal address of firm (or organization) in the home Member should be sent (if different) State		
Principal address of firm organization) in this country (the h Member State)	(or Address to which correspondence ost should be sent (if different)	

Current status*	Sole Principal		Consultant	
	Partner		*Other	
	Assistant	•••••		
*Please tick the appr	opriate box	*	f other, please give	details

Details of home jurisdiction

Name and address of the Law Society, Bar, Chamber and/or Court within whose jurisdiction you are admitted in accordance with the legislation of the home Member State.		
If there is more than one, please give the name and address for each. Use a continuation sheet if necessary.		
1)	2)	
Date of Admission	Date of Admission	
Are you currently entitled to practice as a member of the legal profession to which you belong?*	Yes No	

^{*}This includes, for example, holding a current practicing certificate if that is required for practice in that jurisdiction. If you have answered "no", give details under the Material Events Section on page 4.

Application for permanent practice of the Profession of Advocate

Is a Certificate of Registration (under Article 6A of Cap.2) in the Register of Practising Lawyers attached?	Yes	No
Is a certificate proving the Member State nationality attached?	Yes	No
Is a Certificate of Registration in a Register of the competent authority of the home Member State attached?	Yes	No
Is a certificate of attestation that:		
You continue to practice as a lawyer, and that	Yes	No
II. Your permit has not been suspended or cancelled for any reason, attached?	Yes	No
(Note: The above certificates and attestation last three months prior to their submission)	n must have been i	ssued within the
Are the valid practicing certificates from your home jurisdiction and any other jurisdiction attached?	Yes	No
Are you currently covered by professional indemnity insurance?	Yes	No
If yes, please give details, including cond separate sheet of paper.	litions and extent	of cover, on a

Previous Application

Have you previously made an application Directive?	า for registration	n under the Establishment
In our jurisdiction?	Yes	No
In another jurisdiction?	Yes	No
If yes, which one(s)?		
If you have answered "yes" to either you of acceptances/refusals elsewhere.	ou must give fu	Il details, including details
Material Events		
Have formal proceedings alleging prof started before a court or disciplinary decision yet?		3 3
Have you ever been struck off or sidisciplinary or other proceedings?	uspended from	practice as a result of
Have you suffered from any other discip	linary sanctions	?

If you have answered "yes" to either of the above questions, please give full details (use a separate sheet of paper if necessary).			
Disciplinary Register			
Completed proceedin	<u>gs</u>		
<u>Date</u>	Nature of offence	<u>Sanction</u>	
Pending proceedings (Please describe)			
Are there any material	events relating to your fitne	ass to practice which have	
Are there any material events relating to your fitness to practice which have			

occurred since your last application (if any) for registration (e.g. bankruptcy)?

Declaration

I declare that the information supplied on this form is complete and correct at the date of the application.

I agree to tell the Legal Council and the competent authorities of the host Member State immediately of any significant changes in the information provided in this form which occur between now and the decision on my application.

I agree to abide by the rules of professional conduct of the host Member State and the provisions of the Advocates Law, Cap.2 as amended during the period of my registration and, I also agree that my home competent authorities, Bars/Law

Societies, and the host competent authorities, can freely exchange all relevant information about my professional activities.		
Signed	Date	
Name		

N.B. This declaration must be duly signed and dated. If you fail to include any details in your form (or if these are evidently false), the form may be returned to you resulting in your application being delayed.