

APPLICATION FORM FOR PRACTISING CERTIFICATE

Forenames_____

Surname_____

Address_____

Email_____

Telephone Number_____

Date of Call to Bar_____

Called as a_____

Name of Chambers/Firm_____

Address of Chambers/Firm_____

Email Address of Chambers/Firm_____

I have paid the requisite fees stipulated in section 23 of the Legal Profession Act 2016.

There are no disciplinary proceedings against me.

I certify that the information herein is true and correct.

.....
Signature Applicant

.....
Date

Copies of receipts are attached.