

Application for Waiver of Rule by Practice Unit

| RINT IN BLOCK LETTERS | | | | | | |
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| Section 1 - Details of Practice Unit | | | | | | |
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| Post Code: Country: DX Address: | | | | | | |
| on behalf of the practice unit and who can respond to queries on | | | | | | |
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| Business Mobile | | | | | | |
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| Section 2 – Details of Waiver Sought | | | | | | |
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| | Reasons | why | waiver | appro | priate: | |
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| Reasons why waiver appropriate: | |
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Section 3 - Declaration

I authorise the Society to seek confirmation from third parties of any matters pertinent to a proper consideration of this form.

I am authorised to sign this form on behalf of the practice unit. The information given in this form is correct and complete to the best of my knowledge and belief.

Signature

Date

Returning the Form

Before returning the form please check the following:

Is the form signed?

Has any additional information been appropriately labelled with the relevant section and title and attached to the form?

Please email the form, supporting documents and list of enclosures to :

Member Registration Team Law Society of Scotland member.registration@lawscot.org.uk

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