

Application for Waiver of Rule by Individual

PLEASE TYPE OR PRINT IN BLOCK LETTERS				
Section 1 - Details of Applicant				
Society ID				
Title				
First Name(s)				
Surname				
Home Address				
	Post Code:			
Business Name Business Address				
	Post Code: DX Address:			
		Mahila		
Telephone No(s)	Business	Mobile		
Dusiness Empil				
Business Email				
Date of Birth				
Section 2 – Details of Waiver Sought				
Applicable Rules				
Circumstances / History	r.			

Reasons why waiver appropriate:			
Section 3 - Declaration			
I am prepared to permit my information to be passed to third parties such as partners in the membership benefits scheme as defined in the Society's data protection statement which is available on request or can be viewed at www.lawscot.org.uk.			
I authorise the Society to seek confirmation from thir a proper consideration of this form.	d parties of any matters pertinent to		
The information given in this form is correct and comand belief.	nplete to the best of my knowledge		
Signature	Date		
Returning the Form			
Before returning the form please check the following	:		
Is the form signed?			
is the lotti signed!			

Has any additional information been labelled with relevant section and title and securely attached to the form?	
Please return the form, supporting documents and list of enclosures to :	
Member Registration Team Law Society of Scotland member.registration@lawscot.org.uk	
GDPR, Data Protection Act 2018. For information about how we use your personal data see our <u>privacy policy</u> at <u>www.lawscot.org.uk</u>	July 2022