

### Application for First Registration as a Registered European Lawyer

PLEASE TYPE OR PRINT IN BLOCK LETTERS

#### Section 1 – Details of Applicant

Title

First Name(s)

Surname

Home Address

Post Code:  Country:

Telephone No(s) 

Landline	Mobile
<input type="text"/>	<input type="text"/>

Email

Date of Birth 

<input type="text"/>	<input type="text"/>	<input type="text"/>	Enclose copy of birth certificate
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Place of Birth

Nationality

#### Section 2 - Details of Home State Regulator

Name

Address

Post Code  Country:

Contact at Regulator who can respond to queries on this matter:

Name

Telephone No(s) 

Business	Mobile
<input type="text"/>	<input type="text"/>

Business Email

#### Section 3 - Details of your Right to Practise

Have you completed your training?  Yes/No

Are you currently authorised to practise without restrictions in your home State? If “No” please provide details.

Yes/No

Please provide details of professional indemnity insurance as required in accordance with the professional rules which your home State lays down for professional activities pursued in its territory, including the conditions and extent of cover actually taken out by you (or by your organisation or grouping).

Please provide details of membership of any professional guarantee fund as required in accordance with the professional rules which your home State lays down for professional activities pursued in its territory, including the conditions and extent of cover actually taken out by you (or by your organisation or grouping).

#### Section 4 – Material Events

Has your authorisation or right to practise ever been suspended or revoked in any circumstances other than as a result of your decision not to renew or maintain such authorisation or right?

Yes/No

Have you been subject to any disciplinary action by any regulator in any jurisdiction?

Yes/No

Are any investigative or disciplinary proceedings against you by any regulator or authority in any jurisdiction ongoing or pending?

Yes/No

If you answer “yes” in relation to any Material Events, please give details.

#### Section 5 – Home Professional Title

Please list your home professional title(s) in an official language of the relevant home State(s) and (where that language is not English) also expressed in English.

Home:	English:
Home:	English:

Home:	English:

### Section 6 – Prior Applications

Have you previously made an application for registration under the Establishment Directive in another jurisdiction?

If “yes”, please provide details

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### Section 7 – Referees

Please provide name, address and occupation of 2 independent professionals known to you for at least 5 years who will be asked by the Society to provide character references.

Referee 1:	Referee 2:
Name:	Name:
Occupation:	Occupation:
Address:	Address:
Post Code	Post Code

### Section 8 – Details of proposed place of business in Scotland

Please provide the following details in respect of the practice unit you propose to join:

Society ID

Name

Business address where you will be based

Post Code
DX Address

Please confirm your proposed status at this practice unit (tick all boxes that apply)

Manager  ✓  
Assistant  ✓  
Employee  ✓

Consultant  ✓  
Director  ✓  
Other (please specify)  ✓

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Manager of the practice unit who can respond to queries on this matter:

Name

	Business	Mobile
Telephone No(s)	<input type="text"/>	<input type="text"/>
Business Email	<input type="text"/>	

### Section 9 - Business Details of any other Firms or Groupings

If you are a partner, director or member of a firm or grouping please answer the following questions.

Are any partners of that firm or members or directors of that grouping not lawyers?

Is the capital of that firm or grouping held entirely or partly by persons who are not lawyers?

Is the name under which that firm or grouping practises used by persons who are not lawyers?

Is the decision making power in that firm or grouping exercised in fact or in law by persons who are not lawyers?

### Section 10 - Declaration

I hereby declare that:

I am not a solicitor or an advocate in Scotland or a solicitor or a barrister in England or Wales or Northern Ireland.

I am not a European lawyer who is authorised in the Republic of Ireland to pursue professional activities under the professional title of barrister and whose home State is the Republic of Ireland.

I am not registered as a European Lawyer with the Faculty of Advocates in Scotland or with the Inns of Court and the General Council of the Bar of England and Wales or with the Executive Council of the Inn of Court of Northern Ireland.

I am authorised to practise under the professional title(s) specified in Section 5.

I do not intend to practise in the reserved areas (see Section 32 of Solicitors (Scotland) Act 1980) and I do not consider that any act or default of mine will be so closely connected with the practice of any other member of the practice unit named in Section 8 that such act or default could give rise to any claim on the Guarantee Fund. (Delete if inapplicable)

I agree to abide by the practice rules of the Law Society of Scotland as they apply to me during the period of my registration.

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](http://www.lawscot.org.uk).  ✓

I authorise the Society to seek confirmation from third parties of any matters

pertinent to a proper consideration of this form.

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 payment been made or cheque attached?  ✓

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

I enclose herewith:-

Up-to-date Curriculum Vitae  ✓

Copy Birth Certificate  ✓

Evidence of change of name (only required if the same name is not used on all documentation, including this form)  ✓

Documentary evidence which is a sufficient means of establishing my nationality and identity, incorporating a good photographic likeness of myself;  ✓

A recent passport sized photograph of myself, which I have signed on the reverse and which I agree that the Council of the Law Society of Scotland may retain;  ✓

A certificate or certificates, dated not more than three months before the date of my application, confirming my registration with the competent authority in my home jurisdiction in which I am a member (entitled to practise as such) of a legal profession and confirming my good standing with that competent authority and, where any such certificate is not in English, a certified translation of it into English;  ✓

Evidence in respect of professional indemnity insurance cover as required in terms of the relevant practice rules;  ✓

Payment in respect of the Guarantee Fund or evidence that you have satisfied the requirements as to guarantee fund cover as required in terms of the relevant practice rules.  ✓

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

Registrar's Department  
The Law Society of Scotland  
Atria One  
Level 2  
144 Morrison Street  
EDINBURGH  
EH3 8EX

OR DX ED1 EDINBURGH

GDPR, Data Protection Act 2018. For information about how we use your personal data see our [privacy policy](http://www.lawscot.org.uk/privacy-policy) at [www.lawscot.org.uk](http://www.lawscot.org.uk)

May 2018