

Application for First Registration as a Foreign Lawyer

PLEASE TYPE OR PRINT IN BLOCK LETTERS					
Section 1 – Details of Ap	plicant				
Society ID					
Title					
First Name(s)					
Surname					
Home Address					
	Post Code:	Country:			
Business Name Business Address					
	Post Code: DX Address:	Country:			
Business Email					
Telephone	Business	Mobile			
Date of Birth					
Place of Birth					
Nationality					
Section 2 - Details of Hor	me Jurisdiction Regulator				
Name of Regulator in home jurisdiction					
Address of					
Regulator					
	Post Code	Country:			
Contact at Regulator who	can respond to queries on t	his matter:			
Name					
Tabalaa Na ()	Business	Mobile			
Telephone No(s)					

Email						
Section 3 - Details of your Right to Practise						
Have you completed your to	raining?	[Yes/No			
Are you currently authorise jurisdiction? If "No" please	d to practise without restrictions in your provide details.	r home	Yes/No			
Please provide details of professional indemnity insurance as required in accordance with the professional rules which your home jurisdiction 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 jurisdiction 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 Even	ts					
or revoked in any circumsta	ght to practise ever been suspended ances other than as a result of your aintain such authorisation or right?	Yes/No				
Have you been subject to a regulator in any jurisdiction	ny disciplinary action by any ?	Yes/No				
•	ciplinary proceedings against you by any jurisdiction ongoing or pending?	Yes/No				
If you answer "yes" to any	of these questions, please give details:					

Please list your home professional title(s) in an official language of the relevant home jurisdiction(s) and (where that language is not English) also expressed in English. English: Home: Home: English: Home: English: Section 6 - Prior applications Have you previously made an application for registration for as a foreign lawyer in Scotland or its equivalent in any other jurisdiction? In Scotland Yes/No In another jurisdiction Yes/No If "yes", name of other jurisdiction Section 7 - Business Details of Multi National Practice Name and address of the multi-national practice of which you wish to become a manager **Practice Unit Principal Business Address** Post Code: DX Address: Contact at Practice Unit who can respond to gueries on this matter:

Section 5 - Home Professional Title

Name

	Business	Mobile		
Telephone No(s)				
Business Email				
Are any partners, mot lawyers?	embers or directors of that organ	isation or grouping Y	es/No	
Is the capital of that persons who are no	organisation or grouping held ent lawyers?	tirely or partly by	es/No	
Is the name under w	hich that organisation or groupir not lawyers?	g practises used	es/No	
Is the decision making power in that organisation or grouping exercised in fact or in law by persons who are not lawyers?			es/No	
Section 8 - Busines	ss Details of any other Organis	sations or Groupings		
If applicable please provide the same business information detailed in Section 7 for any principal place of business of any other organisation(s) or grouping(s) of which you are a partner, director or member on a separate sheet of paper.				
Section 9 - Declara	tion			
I hereby declare tha	t:			
I am not an advocat	e in Scotland.			
I am not registered a	as a European Lawyer with the F	aculty of Advocates in	Scotland.	
I will on registration	be a manager of the practice uni	t named in Section 7.		
I do not intend to practise in Scotland in the reserved areas 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 multi-national practice named in Section 7 in Scotland 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.				
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?	□ ~
Have you attached:	
Documentary evidence which is a sufficient means of establishing your nationality and identity, incorporating a good photographic likeness of yourself;	□ ~
A recent photograph of yourself, which you have signed on the reverse and which you agree that the Society may retain;	□ ✓
A certificate or certificates, dated not more than three months before the date of your application, confirming:	□ ~
Your registration with the regulatory authority in your home jurisdiction;	
That you are a member and entitled to practise as such of a legal profession;	
Confirming your good standing with that regulatory authority and, where any such certificate is not in English, a certified translation of same 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; and	□
Written confirmation from the practice unit named in Section 7 that you will on registration be a manager of that practice unit.	□ ~
Has any additional information been labelled with relevant section and title and securely 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	
GDPR, Data Protection Act 2018. For information about how we use your personal data see ou policy at www.lawscot.org.uk	ır <u>privacy</u>