

## Application for Waiver of Rule by Individual

**PLEASE TYPE OR PRINT IN BLOCK LETTERS**

### Section 1 - Details of Applicant

Society ID

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Title

First Name(s)

Surname

Home Address



Post Code:

Business Name

Business Address



Post Code:

DX Address:

Telephone No(s)

Business

Mobile



Business Email

Date of Birth

### Section 2 – Details of Waiver Sought

Applicable Rules




Circumstances / History:

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](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 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](mailto:member.registration@lawscot.org.uk)

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

July 2022