



# Application for Approval of Entry into New Multi-National Practice ("MNP") and for Determination of Principal Place of Business of New MNP

PLEASE TYPE OR PRINT IN BLOCK LETTERS					
Section 1 – Details of Applicant (Scottish solicitor who seeks to enter a new MNP)					
Society ID					
Title					
First Name(s)					
Surname					
Business Address	Post Code: DX Address:	Country:			
Telephone No(s)	Landline	Mobile			
Business Email					
Section 2 - Details of Proposed MNP					
Name					
Other Trading Names					
Principal Business Address (as elected by proposed MNP)	Post Code:	Country:			
	DX Address:				
Other Business Addresses					
	Post Code: Country:	Post Code: Country:			
	DX Address:	DX Address:			

Section 3 – Form of Proposed MNP					
Practising as an incorporated practice requires the prior approval of the Society and a separate process applies.					
Partnership					
Incorporated Practice					
which is a company which is an LLP  □ ✓					
Section 4 – Start Date					
Please insert here the date the proposed MNP hopes to commence practice:					
Start Date					
Section 5 – Details of Persons Associated with the Proposed MNP					
Please complete the details requested in the Schedule.					
Section 6 – Other information relevant to Determination of Principal Place of Business					
Law applicable to the constitutive documents or arrangements of the proposed MNP (e.g. English law)					
Section 7 - 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 third parties of any matters pertinent to a proper consideration of this form.					
I am authorsed to sign this form on behalf of the proposed MNP and on behalf of the persons listed in the Schedule. The information provided in this form is correct and complete to the best of the knowledge and belief of all of such persons.					
Signature					
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 labe and securely attached to the form?	lled with relevant section and title	<b>□</b> ✓
Please return the form, supporting docum	nents and list of enclosures to:	
The 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 at <a href="https://www.lawscot.org.uk">www.lawscot.org.uk</a>	about how we use your personal data see	our privacy policy



# Schedule

## PLEASE TYPE OR PRINT IN BLOCK LETTERS

# **NOTES:**

**Society ID**: Every person who is Scottish solicitor, registered European lawyer, registered foreign lawyer, incorporated practice or multi-national practice should have a Society ID which should be listed in the second column. For persons who are not yet registered as a registered European lawyer or registered foreign lawyer or recognised as an incorporated practice or multi-national practice (as appropriate) but whose application for such registration/recognition is pending please insert "TBC" in that column.

Status: Please use the following acronyms, as appropriate:

Scottish solicitor	SOL	Incorporated practice	ΙP
European lawyer	EL	Multi-national practice	MNP
Foreign lawyer	FL	Prospective incorporated	PIP

practice

Registered European lawyer REL Prospective multi-national PMNP

practice

Registered foreign lawyer RFL

**Legal profession of which member**: Please insert relevant details with regard to the jurisdiction(s) in which the person is a member, and is entitled to practise as such, of a legal profession.

**Law to be practised**: Please insert details of the jurisdiction(s), the law of which will be practised by the person whilst a manager of, or associated with, the proposed MNP.

**Location**: This refers to the place of business of the proposed MNP at which the relevant person will primarily practise or from which he is based or managed, as appropriate. Please simply insert the name of the relevant city or town in the location column and we will complete the remainder of the address details from the information provided in Section 2.

#### **SECTION A**

## PROPOSED MANAGERS OF MNP

The proposed managers are the persons who will be partners, members or directors of the proposed MNP and who will exercise management control of the proposed MNP.

Proposed managers may only include Scottish solicitors with a current unrestricted practising certificate, registered European lawyers, registered foreign lawyers, incorporated practices or other MNPs. If you wish to include a person who is not yet registered as a registered European lawyer or registered foreign lawyer or recognised as an incorporated practice or multi-national practice note that it will not be possible to process this application until all relevant applications for such registration or recognition have been received. Unless already submitted, any such applications should accompany this application.

Name	Society ID	Status	Legal Profession(s) of which a member	Law to be Practised	Location	Telephone No.	Business Email

## **SECTION B**

## OTHER LAWYERS TO BE ASSOCIATED WITH PROPOSED MNP

Please provide the details requested in respect of all other Scottish solicitors, registered European lawyers, European lawyers and foreign lawyers who are to be associated with the proposed MNP, either as employees of, or as consultants to, the proposed MNP. Provided that they are not to be managers of the proposed MNP, European and foreign lawyers may be associated with a proposed MNP without requiring to be registered with the Society. Such persons will not have a Society ID – please insert N/A in that column in respect of such persons.

Name	Society ID (if applicable)	Status	Legal Profession(s) of which a member	Law to be Practised	Location