**W2** 



## **Application for Waiver of Rule by Practice Unit**

PLEASE TYPE OR PRINT IN BLOCK LETTERS		
Section 1 - Details of Practice Unit		
Society ID		
Business Name		
Business Address		
	Post Code: DX Address:	Country:
Manager who will sign this matter:	on behalf of the practice unit an	d who can respond to queries on
Name		
Society ID		
	Business	Mobile
Telephone No		
Business Email		
Section 2 – Details of Waiver Sought		
Applicable Rules		
Circumstances/History	r:	

Reasons why waiver appropriate:			
Section 3 - Declaration			
I authorise the Society to seek confirmation from third parties of any matters pertinent to a proper consideration of this form.			
I am authorised to sign this form on behalf of the practice unit. 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 appropriately labelled with the relevant section and title and 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 our <u>privacy</u> policy at <u>www.lawscot.org.uk</u>			