

Application for First Registration as a Foreign Lawyer

PLEASE TYPE OR PRINT IN BLOCK LETTERS

Section 1 – Details of Applicant

Society ID

Title

First Name(s)

Surname

Home Address

Post Code: Country:

Business Name

Business Address

Post Code: Country:

DX Address:

Business Email

Business Mobile

Telephone

Date of Birth

Place of Birth

Nationality

Section 2 - Details of Home Jurisdiction Regulator

Name of Regulator in home jurisdiction

Address of Regulator

Post Code Country:

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

Name

Business Mobile

Telephone No(s)

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 jurisdiction? 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 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 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" to any of these questions, please give details:

Section 5 – Home Professional Title

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.

Home:	English:
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Home:	English:
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Home:	English:
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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 queries on this matter:

Name

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

Business Email

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

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

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

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

Section 8 - Business Details of any other Organisations 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 - Declaration

I hereby declare that:

I am not an advocate in Scotland.

I am not registered as a European Lawyer with the Faculty of Advocates in Scotland.

I will on registration be a manager of the practice unit 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 by bank transfer/card payment? ✓

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 our [privacy policy](#) at www.lawscot.org.uk