

REQUEST FOR A CERTIFICATE OF FITNESS AND GOOD STANDING



THIS IS A REQUEST FOR A CERTIFICATE OF FITNESS THAT MAY BE REQUIRED IF YOU ARE APPLYING TO PRACTISE IN ANOTHER JURISDICTION, OR AS A BARRISTER IN NEW SOUTH WALES OR APPLYING TO BECOME A NOTARY PUBLIC.

1. APPLICANT DETAILS:

| | |
|--------------|---------------------|
| Surname: | First name: |
| Other names: | Law Society number: |

CONTACT DETAILS (WHERE YOU WOULD LIKE YOUR CERTIFICATE DELIVERED)

| | | |
|-------------------------|----------------|-----|
| Street number and name: | | |
| City: | State: | |
| Country: | Postcode: | DX: |
| Telephone: | Email address: | |

2. THE JURISDICTION FOR WHICH THIS CERTIFICATE IS REQUIRED

Please select the jurisdiction for which this certificate of fitness is required below:

Interstate Jurisdiction (select this box if you are applying for a practising certificate in another Australian jurisdiction)

Overseas Jurisdiction (select this box if you are applying for registration to practise in an overseas jurisdiction)

New South Wales Bar Association (select this box if you are transferring to the Bar)

Society of Notaries of New South Wales Inc. (select this box if you are applying for appointment as a Public Notary)

Other



Attach additional page if necessary.

3. SIGNATURE

I declare that the contents of this application are true and correct and that I am the person as stated above.

| | |
|---------|---|
| Signed: | Dated (DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---------|---|

4. PAYMENT

| | |
|-----------------------|------------------------------------|
| Law Society Member | Nil |
| Australian Non Member | \$110 including GST (net \$100) |
| Overseas Non Member | \$100 (no GST applied) |

PAYMENT DETAILS:

Cheque/money order (made payable to The Law Society of New South Wales and attached to application form)

EFTPOS (payment to be made in person at the Law Society)

Credit card:

Amount to be charged: \$. Card type: Amex Mastercard Visa

Card number: Expiry date: /

Cardholder's name:

Cardholder's signature:

5. LODGEMENT OF APPLICATION FORM

Please return completed form to:
LAW SOCIETY REGISTRY
 170 Phillip Street, Sydney NSW 2000
 or DX 362 Sydney

Please direct any queries to the Registry on:
 Email: registry@lawsociety.com.au
 Telephone: +61 2 9926 0156
 Fax: +61 2 9926 0257