

REQUEST FOR A CERTIFICATE OF FITNESS AND GOOD STANDING



THE LAW SOCIETY
OF NEW SOUTH WALES

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:
Date of birth (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"/>	

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"/>
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4. PAYMENT

LAW SOCIETY MEMBER: NIL

AUSTRALIAN NON MEMBER: \$110 (INCLUDING GST (NET \$100))

OVERSEAS NON MEMBER: \$100 (NO GST APPLIED)

- 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:
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