

Application for registered foreign lawyer status

For help completing this form visit www.sra.org.uk/RF5.

If you need assistance completing this form please telephone our Contact Centre on 0870 606 2555. Our lines are open 09.00 - 17.00, Monday to Friday. If you are calling from overseas please call +44 (0) 1527 504450. Please note that calls may be monitored or recorded for training purposes. Alternatively you can email us at contactcentre@sra.org.uk.

1. Personal details

Surname	<input type="text"/>	Date of birth	<input type="text"/>		
First name(s)	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Title (for example Mr/Mrs/Miss/etc)	<input type="text"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Nationality	<input type="text"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you admitted as a solicitor of England and Wales?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a barrister called to the bar of England and Wales?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. Current practising details

Please use a separate sheet to give details of additional addresses or if you intend to practise as a registered foreign lawyer (RFL) in more than one firm.

Name of organisation	<input type="text"/>	
Type of organisation (see website)	<input type="text"/>	SRA no. <input type="text"/>
Professional title(s) in home jurisdiction(s)	<input type="text"/>	
Main address of organisation	<input type="text"/>	
	DX address	<input type="text"/>
	E-mail address	<input type="text"/>
	Web address	<input type="text"/>
	Telephone no.	<input type="text"/>
	Fax no.	<input type="text"/>

3. Details of intended future practice

Do you intend to become a partner in a Multi-National Partnership (MNP) or partnerships? Yes No

Do you intend to become a member of a Limited Liability Partnership (LLP)? Yes No

Do you intend to become a director or shareowner of a recognised body or bodies? Yes No

If your answer to any question above is 'Yes' please supply the name and principal address of the relevant firm or company below. If you need to give details of more than one firm please use a continuation sheet and attach it to this form.

Name of organisation

Type of organisation
(see website)

Head office of the organisation (if different from page 1) Address of the office from which you intend to practise

DX address DX address

E-mail address E-mail address

Web address Web address

Telephone no. Telephone no.

Fax no. Fax no.

4. Details of home jurisdiction

Name and address of the Law Society or Bar within whose jurisdiction you are admitted.

If there is more than one, please give the name, address and admission date for each. Use a continuation sheet if necessary.

1. Name of bar

2. Name of bar

Address

Address

Date fully qualified as a lawyer

Date fully qualified as a lawyer

Please note 'fully qualified' means you have completed your professional training, and any probationary period or *stage*, and have been admitted to the relevant roll or *tableau*.

Your certificate of good standing should be included with this application. If the certificate is more than three months old you are required to obtain a new one. Please note only original certificates can be accepted as we are unable to accept certified copies.

Are you currently entitled to practise as a member of the legal profession(s) to which you belong? (*This includes, for example, holding a current practising certificate if that is required for practice in that jurisdiction.*)

If you answered 'No', give details under the 'Material events'.

Yes No

Are you prevented by the rules of your home Law Society/Bar from becoming:

a) A partner in a MNP?

Yes No

b) A member of a recognised body which is a LLP?

Yes No

c) A director, member or shareowner in a recognised body which is a company?

Yes No

If you answer 'Yes' to any of the above please give details in section 8.

5. Previous application

Have you previously made an application for registration in the register of foreign lawyers?

Yes No

6. Work categories

Please indicate any work categories you undertake (*see notes*).

7. Languages

Please indicate, if you wish, any languages which you speak other than English (*see notes*).

8. Material events or additional information

Please refer to the notes for an explanation of 'material events'.

Please specify any material events or any changes you need to make on this form.

Applications for registration as a foreign lawyer are exempt from the requirements of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose any "spent" convictions on your application.

9. Affiliate status

a) Do you wish to apply for affiliate status?

Yes No

(If you are based overseas and wish to apply for affiliate status please note that there is a £200.00 charge).

b) Are you a Scottish or Northern Irish solicitor?

Yes No

If 'Yes' - do you wish to apply for full membership?

Yes No

10. Declaration

I declare that I am not a solicitor of England and Wales or a barrister of England and Wales and that the information supplied on this form is complete and correct at the date of application.

I agree to tell the SRA immediately of any significant changes in the information provided in this form which occur between now and the Authority's decision on my application.

Signed: _____

Date: _____

Name: _____

(BLOCK capitals)

NB: This declaration must be signed and dated. If any details are omitted from your form (or are apparently incorrect), it may be returned to you and will delay your application.

11. Fee calculation

Registration fee:	£ 665
Compensation Fund contribution:	£ 25
Total amount due:	£ 690
Payment enclosed:	£

*Please make cheques payable to the **Law Society**. It is not our usual practice to acknowledge or issue a receipt for this form. We aim to grant 95% of foreign lawyer registrations within 30 days of receipt.*

Please return this form with the fees to:

Operations Unit
Solicitors Regulation Authority
Ipsley Court
Berrington Close
Redditch
B98 0TD

OR DX 19114 Redditch

Alternatively by fax on +44 (0)1527 519150 if payment is made via credit card or bank transfer.

12. Application checklist

To help us to process your application quickly, please check the following:

- that the form has been completed correctly,
- that the form is signed and dated,
- that any additional sheets are clearly labelled and attached securely to the form,
- that the cheque is signed, dated and enclosed,
- that any relevant documentation is enclosed, including a copy of proof of change of name, for example deed poll or a marriage certificate.

If the form is not signed and the fee not received your registration will not be granted.

For office use only:

Certificate of good standing for all jurisdictions received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Confirmation of home rules	Not applicable	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Registered application for affiliate status	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Application approved:					
Signed:	<input type="text"/>			Dated:	<input type="text"/>
Date application received:	<input type="text"/>				
Cheque number:	<input type="text"/>				
Account details:	<input type="text"/>				
Reference number:	<input type="text"/>				
CI number:	<input type="text"/>				

Ethnic Origin

The Authority is seeking information about the ethnic origin of solicitors for the purpose of monitoring across the profession and its compliance with the Race Relations Act.

The information will be kept in strict confidence and will be used for statistical purposes only unless you have specifically stated in Part 10 above that you would like this information to be used for other purposes. The information is subject to the provisions of the Data Protection Act 1998.

You are not required to complete this section but are encouraged to do so to ensure that the survey is as accurate as possible.

Choose one section from A to E then tick the appropriate box to indicate your cultural background.

A. White

- British
- Irish
- Any other White background, please write in below

B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please write in below

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write in below

D. Black or Black British

- Caribbean
- African
- Any other Black background, please write in below

E. Chinese or other ethnic group

- Chinese
- Any other, please write in below