

RF6

2008 - 2009



Application for registration as a lawyer established under the European Establishment Directive.

For help completing this form visit www.sra.org.uk/RF6

If you need any 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/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"/>				
Title (for example Mr/Mrs/Miss/etc)	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Place of birth	<input type="text"/>	Nationality	<input type="text"/>		
Are you admitted as a solicitor of England and Wales, Scotland or Northern Ireland?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Are you a barrister called to the bar of England and Wales, Northern Ireland or the Irish Republic or an advocate admitted as a member of the Scottish Faculty of Advocates?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

2. Practising details

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

Professional title in home member state	<input type="text"/>						
Name of organisation	<input type="text"/>						
Address of office from which you intend to practise:	Communications address (if different to practise address):						
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
Telephone	<input type="text"/>	Telephone	<input type="text"/>				
Fax	<input type="text"/>	E-mail	<input type="text"/>				
Current status: (Please tick appropriate box)	Sole Principal	<input type="checkbox"/>	Consultant	<input type="checkbox"/>	Assistant	<input type="checkbox"/>	
Senior partner	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Other	<input type="text"/>
Are you registered with the Authority as a registered foreign lawyer?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
If 'Yes', please provide your Authority number	<input type="text"/>						
Have you or do you intend to make a Qualified Lawyers Transfer Test application?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Please give the name of the firm, its address/addresses in the U.K. (if different from above) and a list of the full names and qualifications of the partners on a separate sheet, indicating the practising address where each partner is based.							

3. Details of home jurisdiction

Name and address of the Law Society, Bar and/or Court 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*.

Is the certificate(s) of attestation from your home jurisdiction(s) attached?

Yes No

Are you currently entitled to practise as a member of the legal profession(s) to which you belong? Yes No

(This includes, for example, holding a current practising certificate if that is required for practise. If you have answered 'No' please give details on a separate sheet.)

4. Work categories

Please indicate, if you wish, the work categories you undertake (*see notes*).

5. Languages

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

6. Indemnity Insurance

If you are or intend to be, a principal in private practice, or a director, member or beneficial shareowner in a body corporate in private practice, please complete this section.

Does your firm wish to claim exemption or partial exemption from the Solicitors' Indemnity Insurance rules? (*see attached flow chart*). If 'Yes', please send the documents required.

Yes No

If 'No', please complete the following details of your firm's qualifying insurance under rule 4 of the Solicitors' Indemnity Insurance Rules.

Qualifying insurer (*not broker*)

Policy number

Commencement date for cover

Please provide total amount of cover (*see notes*).

Please note, failure to complete this section if applicable, will **prevent** you from being registered.

7. Former registration with the Bar Council or membership of another 'authorised body' under section 27 of the Court and Legal Services Act 1990

- 1 (a) Have you ever been registered with the Bar Council of England and Wales under the Establishment of Lawyers Directive 98/5/EC?

Yes No

If 'Yes' please complete section 1(b) & 1(c) below:

- (b) I was registered with the Bar Council on: , and was thereby entitled to exercise rights of audience in all courts in England and Wales and in all proceedings.

- (c) Are you currently banned (including any suspension from or striking off the register) as a result of disciplinary proceedings, from exercising any rights of audience in England and Wales as a lawyer registered with the Bar Council?

Yes No

If 'Yes' please give details on a separate sheet.

- 2 (a) Have you ever been a barrister of England and Wales or a member of an 'authorised body' other than the Bar or the Law Society, and entitled as a barrister, or as a member of that body to exercise rights of audience in any higher court in England and Wales?

Yes No

If 'Yes' please complete section 2(b) & 2(c):

- (b) Please explain the basis for your answer and set out the courts in England and Wales and the description of proceedings in which you were entitled to exercise rights of audience:

I became a member of on
and on I became entitled to exercise
a right of audience in the

Court in the following descriptions of proceedings:

Please add any other relevant information on a separate sheet.

- (c) Are you currently banned (including any suspension, disbarment or expulsion), as a result of disciplinary proceedings, from exercising any of your rights of audience in England and Wales?

Yes No

If 'Yes' please give details on a separate sheet.

8. Material events

Have formal proceedings alleging professional misconduct by you been started before any court or disciplinary tribunal in which a decision has not yet been reached?

Yes No

Have you ever been struck off or suspended from practice in any jurisdiction as a result of disciplinary proceedings?

Yes No

Have you suffered from any other disciplinary sanctions?

Yes No

Are there other factors or matters relating to your fitness to practise (e.g. bankruptcy)?

Yes No

If you have answered 'Yes' to any of the above questions, please give full details on a separate sheet.

Applications for registration as a European 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. Membership

Membership is free and you will automatically become a member unless you state otherwise. Please tick here if you DO NOT wish to become a member.

10. Previous application

Have you previously made an application for registration under the Establishment Directive:

a) in a United Kingdom jurisdiction?

Yes No

b) in another EU/EEA/Swiss jurisdiction?

Yes No

If 'Yes', please provide full details with dates including details of the acceptance/refusals. Continue on a separate sheet if required.

11. Declaration

This declaration must be completed in all cases and for all applications

The SRA requires a managing partner or the principal of each firm to declare compliance with the rules that govern practice. If you are the principal, sole practitioner or the partner who holds this responsibility please complete the declarations below.

If you are not a managing partner or a sole practitioner of a firm, or if you are an employed solicitor at an organisation type detailed in section 11 "Declaration" of the notes, please tick the "N/A" for each declaration.

The answers in boxes 1 to 3 below are part of the declaration. Please check that your firm is compliant before answering 'Yes' to any of the questions (*see notes*).

1. Certification of compliance with the Solicitors' Code of Conduct 2007

I certify that my firm operates a complaints handling procedure in accordance with the Code. Yes No N/A

2. Indemnity Insurance

I certify that my firm has indemnity insurance in place for the practising year 2007/2008. Yes No N/A

3. Referral Arrangements

I certify that I have entered into arrangements with third parties (other than lawyers) for the introduction of work to my firm, whether or not, there is a financial arrangement Yes No N/A

If "Yes", please provide the names of the organisations or individuals with whom you have arrangements for the introduction of work.

Name of Introducer	Area of work (please use work categories from the guidance notes and continue on a separate sheet if necessary)	Do you have a financial agreement with the introducer? If yes, please supply details (Yes or No)	Percentage of my firms income arising from this source in the last six months.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<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. I have taken reasonable steps to make certain that the information provided on this form is correct and complete.

Your signature: _____ **Date:** _____

Print name: _____ **Individual SRA no:** _____

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

12. Application checklist

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

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

13. Fee calculation

Registration fee:

£

Compensation Fund contribution:

£ 25

Total amount due:

£

£

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 European 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.

For office use only:

Date application received:

Cheque number:

Account details:

Reference number:

CI number:

Certificate of attestation for all jurisdictions received

Yes No

Application approved:

Signed:

Dated:

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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 E 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