Form 1— Application for registration of articles

	or registration of articles	Legal Practice Act 2003 Part 3 Legal Practice Board Rules 2004 r. 22 Form 1
Applicant	Name	
11ppneum	Residential address	
	Telephone (h)	(w)
	(mobile)	
	Fax (h)	(w)
	Email (h)	, ,
	(w)	
	Date of birth / /	
	Place of birth	
Principal	Name	
-	Address	
	Telephone	Fax
	Mobile	
	Email	
Qualifications	☐ Bachelor of Laws degree from	om —
	☐ The University of Wes	tern Australia
	☐ Murdoch University	
	☐ The University of Notr	re Dame Australia
	or	
	Qualifications approved for (date of approval)/	the purposes of s. 27(2)(a)(ii) on /20
	or	
	<ul> <li>Qualifications approved for</li> </ul>	the purposes of s. 27(2)(b)(i) on
	(date of approval)/	
	or	
	Experience in legal practice s. 27(2)(b)(ii) on (date of appro	
Convictions	I have not / have been convicted	
	If yes, give details	
Statutory	I declare that the information	
declaration	application is true and correct	t and that I have not omitted
any relevant information.		
	Signature	
(III)	Date / /20	
(Witness must be a person authorised to Signature		
take statutory	Signature	
declarations)	Name	
	Address	

### Form 2 — Deed of articles of clerkship

### **Deed of Articles of Clerkship**

		Date/20
Between		
	of	
		("Principal")
and		
and	of	
	01	("Articled Clerk")

### 1. Entry into articles

- 1.1 The Principal is to take the Articled Clerk as an articled clerk for one year from the date on which the articles are registered by the Board ("articles period").
- 1.2 The Articled Clerk is to serve the Principal as an articled clerk during the articles period in accordance with this deed and the *Legal Practice Act* 2003 ("the Act").

## 2. Articled Clerk's obligations

- 2.1 During the articles period, the Articled Clerk must
  - (a) serve the Principal as an articled clerk, honestly, faithfully and diligently;
  - (b) attend to the duties required of the Articled Clerk by the Principal;
  - (c) be present at the Principal's offices during ordinary office hours or at other places or times as required by the Principal;
  - (d) comply with the proper standards of the legal profession as expected of articled clerks; and
  - (e) behave in a proper and orderly manner.
- 2.2 The Articled Clerk must keep confidential all information acquired during the articles period about the Principal's practice or clients, or the practice or clients of the firm or incorporated legal practice of which the Principal is a partner or legal practitioner director.

### 3. Principal's obligations

- 3.1 The Principal must ensure that during the articles period the Articled Clerk
  - (a) is instructed in the practice and profession of the law as conducted in Western Australia;
  - (b) is given exposure to as many different areas of law as is practicable;
  - (c) is provided with an appropriate working environment; and

- (d) is not required to carry out duties, or be present at places or times, that are not related to the Principal's practice or to the practice of law generally, or that are unreasonable.
- 3.2 During the articles period, the Principal must comply with the proper standards of the legal profession in relation to dealing with articled clerks.
- 3.3 If the Articled Clerk
  - (a) complies with the Articled Clerk's obligations under this deed:
  - (b) attends the courses and passes the examinations required under the Act; and
  - (c) otherwise complies with the Act in relation to admission as a legal practitioner,

at the end of the articles period the Principal must use his or her best endeavours to have the Articled Clerk admitted.

3.4 Clause 3.3 does not require the Principal to pay any costs associated with the Articled Clerk's admission.

#### 4. Date of effect

This deed takes effect from the date on which the articles are registered by the Legal Practice Board.

Signed as a deed

Principal	
•	(Signature of Principal)
Witness	
	(Signature of Witness)
	(Name of Witness)
	(Address of Witness)
Articled of	elerk
	(Signature of Articled Clerk)
Witness	
	(Signature of Witness)
	(Name of Witness)
	(Address of Witness)

# Form 3 — Certificate of good character for registration as an articled clerk

Certificate of good character		Legal Practice Act 2003 s. 19 Legal Practice Board
	tion as an articled clerk	Rules 2004 r. 22
101 108150140		Form 3
Applicant	Name	
	Address	
Practitioner /	Name	
Person giving	Address	
certificate		
	Telephone	Fax
	Mobile	
	Email	
	I am (select appropriate box)	
	☐ Local practitioner of at least	
	☐ Person of good repute and	standing, being (describe)
	Relationship with applicant (e.g.	friend, relative, employer)
	I have known the applicant for	months/years
I certify that —		
• in my opinion the applicant is of good fame and character to be an articled clerk in Western Australia.		
Signature		
_	/20	

Form 4 — Application for registration of assignment of articles

	on for registration of nment of articles	Legal Practice Act 2003 s. 22 Legal Practice Board Rules 2004 r. 23
		Form 4
Articled Clerk	Name	
	Residential address	
	<b>T.</b> 1 (1)	
	Telephone (h)	(w)
	(mobile)	
	Fax (h)	(w)
	Email (h)	
OLLD ! ! I	(w)	
Old Principal	Name	
	Address	
	Telephone	Fax
	Mobile	1 441
	Email	
New Principal	Name	
Address		
	Telephone	Fax
	Mobile	
	Email	
Articles	Date of Deed of Articles of Clerkship / /20	
	Date of registration /	/20
	Date of Deed of Assignment of	Articles / /20
Reason for	The Old Principal —	
assignment	is incapacitated by reason of mental disability.	
	has become a disqualified person.	
	has ceased to practise in Western Australia on his or	
		a legal practitioner director.
	has had his or her approval to have an articled clerk	
	revoked by the Board.	
	or	
	Another reason consented to by	the Board (details)
Articled Clerk	Signature Signature	
	Date / /20	

## Form 5 — Deed of assignment of articles

## **Deed of Assignment of Articles of Clerkship**

		Deed of Assignment of Africaes of Ciernsinp	
		Date	/20
	ween		
		of(**	0110
		(	Old Principal")
and		of	
		of("N	ew Principal")
and			1 /
		of	
		of("A	Articled Clerk"
Rec	itals		
			/// 1 199\
A.	and register	of articles of clerkship dated//20 red with the Legal Practice Board on/ rk became articled to the Old Principal.	(**deed**), /20 the
B.		agree that, subject to registration by the Legal l be assigned to the New Principal.	Practice Board,
Dee	d		
1.	Assign	nment	
		old Principal assigns to the New Principal the obt of the position of principal under the deed.	ligations and
2.	Obliga	ations under assigned deed	
	For the	e remainder of the term of the articles —	
	(a)	the New Principal is to perform the obligation under the deed; and	ns of principal
	(b)	the Articled Clerk is to perform his or her oblarticled clerk to the New Principal.	igations as an
3.	Date o	of effect	

This deed takes effect from the date on which the assignment of the articles is registered by the Legal Practice Board.

## 4. Release of Old Principal

The Old Principal's obligations under the deed cease on the date of this deed.

Signed as a deed.

Old Princ	cipal
	(Signature of Old Principal)
Witness	
	(Signature of Witness)
	(Name of Witness)
	(Address of Witness)
New Prir	ncipal
	(Signature of New Principal)
Witness	
	(Signature of Witness)
	(Name of Witness)
	(Address of Witness)
Articled	Clerk
	(Signature of Articled Clerk)
Witness	
	(Signature of Witness)
	(Name of Witness)
	(Address of Witness)

[Form 5 amended in Gazette 12 Apr 2005 p. 1170.]

Form 6 — Application for cancellation of registration of articles and registration of new articles

Application for cancellation of		Legal Practice Act 2003 s. 22
registration of articles and registration		Legal Practice Board Rules 2004 r. 23
of new articles		Form 6
Articled Clerk	Name	FOIII O
Articleu Clerk	Residential address	
	Residential address	
	Telephone (h)	(w)
	(mobile)	
	Fax (h)	(w)
	Email (h)	
	(w)	
Old Principal	Name	
•	Address	
New Principal	Name	
	Address	
	Telephone	Fax
	Mobile	
	Email	
Articles	Date of original Deed of Articles of Clerkship / /20	
	Date of registration / /20	
	Date of new Deed of Articles of	Clerkship / /20
Reason for	The Old Principal —	
cancellation of	has died	
articles	is incapacitated by reas	son of mental disability
	has become a disqualified person	
	has ceased to practise in Western Australia on his or	
	her own account or to be a legal practitioner director	
	has had his or her appro	oval to have an articled clerk
	revoked by the Board	
	or	
	Another reason consented to by	the Board (details)
Articled Clerk	Signature	
	Date / /20	

# Form 7 — Certificate of completion of articles

Certificate of completion of articles		Legal Practice Act 2003 Legal Practice Board Rules 2004 r. 27 Form 7	
Articled clerk	Name		
	Address		
Principal	Name		
	Address		
	Telephone	Fax	
	Mobile		
	Email		
Articles	Date of registration /	/20	
	Term of articles: From / /2	20 to / /20	
I certify that the Articled Clerk —			
has completed 12 months service as my articled clerk;			
or	•		
has served as my articled clerk since (date of commencement of articles)			
/ //	20 and that I intend the A	rticled Clerk to continue as	
my articled clerk for the duration of the term of articles, which will be completed before the date proposed for the Articled Clerk's admission. I will notify the Board immediately if the Articled Clerk ceases to be my articled clerk before the term of articles is completed.			
I certify that while serving as my articled clerk, the Articled Clerk has complied with all of the Articled Clerk's obligations under the <i>Legal Practice Act 2003</i> and the Deed of Articles of Clerkship.			
Signature	Signature		
Date / //	20		

[Form 7 amended in Gazette 12 Apr 2005 p. 1171.]

Form 8 — Application for approval of qualification for s. 27(2)(a)(ii)

A 1. 4. 6	1 0 100 40	Legal Practice Act 2003 s. 27
Application for approval of qualification		Legal Practice Board
for s. 27(2)(a)(ii)		Rules 2004 r. 33
		Form 8
Applicant	Name	
	Residential address	
	Telephone (h)	(w)
	(mobile)	
	Fax (h)	(w)
	Email (h)	
	(w)	
	Date of birth / /	
	Place of birth	
Qualification	Qualification	
	Institution	
	I □ obtained the qualification	
	☐ am in my final year of stu	
		final examinations on or about
	//20	
		tly taking, or will take, to obtain
	that qualification are	
Statutory	I declare that the information	given in or with this
declaration	application is true and correct	
ucciai ation	any relevant information.	and that I have not officed
	Signature	
(Witness must be a person authorised to	Date / /20	
	Witness	
take statutory declarations)	Signature	
acciarations)	Name	
	Address	
	1 1001 000	

# Form 9 — Application for approval of qualifications and experience for s. 27(2)(b)

Application for approval of qualifications and experience for s. 27(2)(b)		Legal Practice Act 2003 s. 27 Legal Practice Board Rules 2004 r. 35 Form 9
Applicant	Name	
	Residential address	
	Telephone (h)	(w)
	(mobile)	
	Fax (h)	(w)
	Email (h)	(w)
	(w)	
	Date of birth / /	
	Place of birth	
0 1'6' 4'	(Give details of all educational and proj	forming all our differentians and courses
Qualifications	Qualification	
	Institution	
	Obtained/completed/	
	Obtained/completed/	
	Qualification	
	InstitutionObtained/completed (date)	
E-manianaa		1 1
Experience	Articles / pupillage	
	Principal	
	Firm	
	Address	·································
	Telephone	
	Email	
	Period of service / /	to / /
	Admission to practice Jurisdiction	
		or, attorney)
	Date admitted//_	
	Jurisdiction	
	Admitted as	
	Date admitted / /	
	Entitlement to practice	
	Jurisdiction	
		certificate)
	Issuing authority	, , ,
	Period of entitlement /	
	,	
	Jurisdiction	
	Entitlement	
	Issuing authority	
	Period of entitlement /	/ to / /
	,	,

	<b>Post admission practice</b> (Give details for each different period of work)  Jurisdiction	
	Capacity (eg. barrister, solicitor, in-house lawyer)	
	Firm/employer (name & address)	
	Period of practice/to/to/	
	Nature of work	
	Jurisdiction	
	Capacity	
	Firm/employer	
	Period of practice	
	Nature of work	
	Current practice	
	Jurisdiction	
	Capacity	
	Firm/employer	
Professional	Name	
Regulatory Body	Address	
	TelephoneFacsimile	

Statutory declaration	I declare that the information given in or with this application is true and correct and that I have not omitted any relevant information.	
	Signature	
(Witness must be a person authorised to take statutory declarations)	Date / /20	
	Witness	
	Signature	
	Name	
	Address	

## Form 10 — Notice of intention to apply for admission

		1
	f intention to apply	Legal Practice Act 2003 s. 28 Legal Practice Board Rules 2004 r. 36
10	r admission	
A 70		Form 10
Applicant	Name	
	Residential address	
	Telephone (h)	(w)
	(mobile)	
	Fax (h)	(w)
	Email (h)	(")
	` '	
O 1101 (1	(w)	
Qualification	Bachelor of Laws degree from	om —
	☐ The University of Wes	tern Australia
	☐ Murdoch University	
	☐ The University of Notr	e Dame Australia
	or	
		he purposes of s. 27(2)(a)(ii) on
	(date of approval)/_	
		/20
	or	1 5 27(2)(1)
	☐ Qualifications approved for	
	(date of approval)/	/20
Articles	Date of registration /	/20
	Term of articles	
	Principal	
	Name	
	Address	
	Address	
	Articles were assigned	
	If yes, date of registration	//20
	New Principal	
	Name	
	Address	
ATP	I passed the Articles Training Pr	rogramme on / /20
Admission in	Place of admission	-
other		attorney)
jurisdictions	Date of admission	
Julibulctions	Date of admission	
	Place of admission	
		attorney)
	Date of admission	
	I have not / have committed a	
		the rolls of any jurisdiction to
	which I am admitted or to b	e suspended from practice
	If yes, give details	

	I have not / have been the subject of a complaint to any regulatory body.  If yes, give details		
Convictions	I have not / have been convicted of any offences If yes, give details		
Statutory	I declare that the information given in or with this notice is		
declaration	true and correct and that I have not omitted any relevant		
	information.		
	Signature		
(Witness must be a person authorised to take statutory declarations)	Date / /20		
	Witness		
	Signature		
	Name		
	Address		

Form 11 — Certificate of good character for applicant for admission

Certificate of good character		Legal Practice Act 2003 s. 28 Legal Practice Board
	cant for admission	Rules 2004 r. 36
Tor appir	cant for admission	Form 11
Applicant	Name	
	Address	
	(If qualified under s. 27(2)(b)) Jurisdic or last practised	ction where currently practising,
Person giving	Name	
certificate	Address	
	Telephone	Fax
	Mobile	
	Email	
	I am	
	□ A local practitioner of at least	
	☐ a person of good repute and	
	where Applicant is currently	practising, or last practised.
	Relationship with Applicant (e.g.	friend, relative, employer)
	I have known the Applicant for	years
I certify that in my opinion the Applicant is of good fame and character and a fit and proper person to be admitted as a legal practitioner in Western Australia.		
Signature		
Date / //	20	

## Form 12 — Advertisement of intention to apply for admission

Application for admission as a		Legal Practice Act 2003 s. 28 Legal Practice Board
	al practitioner	Rules 2004 r. 38
		Form 12
Applicant*	Name	
	Address	
	ends to apply to the Full Court o	
	to be admitted as a legal practi	tioner under the <i>Legal</i>
Practice Act 2003.		
The Applicant inte	ends to make the application on	//20
Objections to the a	ndmission can be made by lodgir	ng a notice of objection, stating
the grounds for ob	jection, at the Supreme Court a	t least 7 days before that date.
Secretary of the	Signature	
Legal Practice	Name	
Board	Date / /20	
• If Applicant is qualified under section 27(2)(b)(ii), include this panel		
1) 11ppneum is quan	tea unaer section 27 (2)(0)(11), include unis	paner
•	Admitted to practice in (jurisdiction)	
	as (e.g. barrister, solicitor, attorney)	
	on / /	

## Form 13 — Affidavit of applicant for admission

	AFFIDAVIT of
I	
01	
mak	e oath and say —
1.	I have obtained from the Legal Practice Board a certificate as required by the <i>Legal Practice Act 2003</i> section 28(1)(c). That certificate is attached as Annexure A.
2.*	I have caused advertisements of my intention to apply to the Court for admission as a legal practitioner to be published in accordance with the <i>Legal Practice Act 2003</i> section 28(1)(d) and the <i>Legal Practice Board Rules 2004</i> rule 38.  The advertisements appeared in (name of newspaper)
	on/and
Swo at on _	rn by
	ore me (signature of deponent)
(signa	ture of witness)
Nan	ne

<sup>\*</sup> Paragraph 2 not required if the application is made under the Mutual Recognition (Western Australia) Act 2001.

## Form 14 — Certificate of completion of restricted practice

Certificate of completion of restricted practice		Legal Practice Act 2003 s. 33 Legal Practice Board Rules 2004 r. 41 Form 14	
Restricted	Name		
Practitioner	Address		
	Telephone Mobile	Fax	
	Email		
	Date of admission /	/20	
	Period of employment /	/20 to / /20	
Employer	Name		
	Address		
	Telephone	Fax	
	Mobile		
	Email		
I certify that —			

- I am a legal practitioner authorised under the *Legal Practice Act 2003* to take, have and retain an articled clerk; and
- the Restricted Practitioner worked for me as an employed legal practitioner during the period of employment referred to above.

Signature Date / /20			
Date / /20			
	_	/	

Form 15 — Notice of intention to apply for re-admission

Notice of intention to apply for re-admission		Legal Practice Act 2003 s. 34 Legal Practice Board Rules 2004 r. 42 Form 15	
Person intending	Name		
to apply for	Residential address		
re-admission			
	Telephone (h)	(w)	
	(mobile)		
	Fax (h)	(w)	
	Email (h)		
	(w)		
Admission	Date of admission /		
	Date struck off / /		
	Reasons for being struck off_		
Employment	Employer		
since being	Address		
struck off			
	Position in which employed		
	Nature of work		
	Employer		
	Address		
	Desiries and the second and		
	Position in which employed		
C4-4-4	Nature of work		
Statutory declaration	I declare that —  • the information given in or with this notice is true and		
deciaration			
	correct and that I have n	ot omitted any relevant	
	information;		
		ve not engaged in any illegal or	
	unprofessional conduct.		
(Witness must be a	Signature		
person authorised to	Date / /20		
take statutory declarations)	vations)		
aecturations)	Signature		
	Name		
	Address		

# Form 16 — Certificate of good character for applicant for re-admission

Certificate of good character for applicant for re-admission		Legal Practice Act 2003 s. 34 Legal Practice Board Rules 2004 r. 42 Form 16
Applicant	Name	10m 10
	Address	
	Date struck off / /	
Person giving	Name	
certificate	Address	
,	Telephone	Fax
	Mobile	
	Email	
	Relationship with Applicant (e.g.	. friend, relative, former employer)
	I have known the Applicant for	years
	☐ Employer of Applicant since	being struck off
	Period of employment	/ / to / /
	☐ Other person of good repute	and standing
I certify that —		
<ul> <li>to the best of my knowledge, since being struck off the Applicant has not engaged in any illegal or unprofessional conduct; and</li> </ul>		
• in my opinion the Applicant is a fit and proper person to be re-admitted as a legal practitioner in Western Australia.		
Signature		
Date / /20		

Form 17 — Application for practice certificate			
			Legal Practice Act 2003
			s. 37, 38, 39
<b>Application</b>	for practice certificat	te	Legal Practice Board Rules 2004
* *	•		r. 44
			Form 17
Applicant	Name		
	Title Mr / Ms / Mrs / Miss / Dr	/ Othe	er
	QC / SC Date of appointment	t	//
	Jurisdiction in which		
	Residential address No & Street _		
	Suburb	Sta	te Postcode
	Telephone		Fax
	Mobile		
	Email		
Practice	Place of practice		
(If not currently practising, give details of intended practice as at date on which practice certificate will take			

	Street address No & Street		
	SuburbStatePostcode		
	Postal address		
TelephoneFax			
	Email		
	Capacity in which practising		
	Barrister		
	☐ Sole practitioner Practice name		
	☐ Equity Partner ☐ Salaried Partner  Partnership name ☐ Legal partnership ☐ Multi-disciplinary partnership		
	☐ Director or officer of incorporated legal practice  Name of corporation  ACN or ARBN		
	☐ Employee Name of employer		
	☐ Consultant Name of employer		
	☐ Corporate solicitor  Name of employer		
	☐ Not practising		
Admission outside WA Give details for each jurisdiction in which admitted	Jurisdiction		
If more space is required, use page 4	Jurisdiction		
	Admitted as		
	Date of authission		
	Jurisdiction		
	Admitted as		
	Date of admission/		
Trust account	I *do/do not receive trust moneys.		
* Delete whichever is	If yes, trust account used by applicant		
not applicable  Give details for each trust account If more space is required, use page 4	Name of account		
	Name of bankBranch address		
	BSB No Account No		
	Date account opened/		
	Auditor Name		
	Firm/companyAddress		
	Email		
Professional	I *hold my own / am covered by my employer's		
indemnity professional indemnity insurance in accordance with the h			
insurance * Delete whichever is	Practice Act 2003.		
not applicable	I *have / have not complied with Law Mutual's requirements.		

Complaints			- 105 101
Complaints		ler the Legal Practice Act 2003 s. 17	
* Delete whichever is not applicable	equivalent section of the Legal Practitioners Act 1893) *has / has not been made in relation to me.		
пог аррисаоте	If yes, made	under section on/	/
	Fine	☐ fined \$	□ no fine
	Costs	ordered to pay \$	no order
	F	□ paid on//20	□ not paid □ no order
	Expenses	ordered to pay \$	
Fitness, capacity	I *a / a	□ paid on//20	not paid
and solvency	of the Cor	<u>not</u> an insolvent under administration porations Act (this includes being bankrup)	t).
* Delete whichever is not applicable		<u>not</u> a legal practitioner director of a at is insolvent within the meaning of	
If more space is required,	If yes, give d	etails	
use page 4			
	I *am/am	<b>not</b> in prison.	
	· ·	etails	
D (			
Payment		ccompany application certificate fee \$	
		ibution No)	
	Total	\$	
	Method of pa  ☐ Cheque	ayment  ☐ Cash ☐ Electronic	c funds transfer
	☐ Credit Ca		rands transfer
	Name on o	card	
	Card No.		
		e/20	
	Card hold	er's signature	
Confirmation	I confirm th	at —	
		struck off, suspended, disqualified	
	-	ed from engaging in legal practice ace; and	in WA or in any
	•	mation given in or with this applic	cation is true and
		and that I have not omitted any rel	
	Signature		
	Date /	/20	
Additional information if			
required			

[Form 17 inserted in Gazette 12 Apr 2005 p. 1171-3; (Printers correction in Gazette 19 Apr 2005 p. 1292-4).]

# Form 18 — Notice of establishment of office by interstate practitioner

		Legal Practice Act 2003 s. 91
Notice of esta	ablishment of office by	Legal Practice Board
interst	tate practitioner	Rules 2004 r. 46
111015	and practically	Form 18
Interstate	Name	
Practitioner	Residential address	
	Telephone	Fax
	Mobile	
	Email	
	Date of birth / /	
	Place of birth	
Practice in WA		
Fractice iii vvA	Address	
	Telephone	Fox
	Email	Fax
	Date of establishment of office	/ /20
		/ /20
	Capacity in which practising  ☐ Barrister	
	☐ Sole practitioner	,
	☐ Equity Partner / Salaried Pa	artner
	Partnership name	7.76 1.11 1.11
		Multi-disciplinary partnership
	Names of partners (identify a	any who are not legal practitioners)
	☐ Employee / Consultant / Corp	porate Solicitor
	☐ Director or officer of incorpo	rated legal practice
	Name of corporation	
		(office)
	ACN or ARBN	
	Registered office	
	-	Fax
	Email	
	I / will / will not accept trust i	moneys in WA
	If yes, trust account in WA	
	Bank	
	Branch	
	Name of account	
	BSB no. accou	int no.
Principal place	State	
of practice		

	Address
	Telephone Fax
	Email
	Date of admission / /
	Date of practice certificate / /
	Any restrictions on entitlement to practice (give details)
Other places of practice	Address
	Telephone Fax
	Email
	Date of admission//
	Date of practice certificate/
	Any restrictions on entitlement to practice (give details)
	Address
	Telephone Fax
	Email Date of admission //
	Date of admission//
	Any restrictions on entitlement to practice (give details)
	They results on shallower to practice (give delimit)
Statutory	I declare that the information given on or with this notice is
declaration	true and correct and that I have not omitted any relevant
	information.
	Signature
(Witness must be a	Date / /20
person authorised to	Witness
take statutory declarations)	Signature
accurations)	Name
	Address

Form 19 — Application for registration as foreign lawyer

		Legal Practice Act 20	<i>903</i> s. 103
Application for registration		Legal Practice Board	l
as a foreign lawyer		Rules 2004 r. 47	
	v	Form 19	
Applicant	Name		
	Residential address		
	Telephone	Fax	
	Mobile		
	Email		
	Date of birth / /		
	Place of birth		
Qualifications	(Give details for all educational and professional qualifications)		
	Qualification		
	Institution		
	Date obtained/completed	_/	
	Qualification		
	Institution		
	Date obtained/completed	/ /	
Practice outside	I am registered to practice law in	1 (he	ome country)
Australia	Principal place of practice		
	Address		
	Telephone	Fax	
	Email		
	Date of admission /	/	
		to /	/
	Registration authority		
	Name		
	Address		
	Telephone		F
	Email		

Disciplinary proceedings and restrictions on practice in home country	My registration to practice law in my home country is / is not cancelled or suspended as a result of disciplinary action.  If yes, give details  I am / am not the subject of any disciplinary proceedings (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my registration to practice law in my home country.  If yes, give details	
	I am / am not a party to any pending criminal or civil proceeding that might result in disciplinary action being taken against me.  If yes, give details	
	I am / am not subject to any conditions in practising law in my home country as a result of criminal, civil or disciplinary proceedings in that country  If yes, give details  I am / am not subject to any other conditions imposed as a restriction on my legal practice, or any undertaking given by me restricting my legal practice  If yes, give details	

Practice in WA	Address (for service of documents)		
(subject to being	Address (for service of documents)		
registered)	Telephone Fax		
,			
	Commencement date / /20		
	Capacity in which practising		
	Barrister		
	☐ Sole practitioner		
	Practice name		
	☐ ☐ Equity Partner ☐ Salaried Partner		
	Partnership name		
	Legal partnership Multi-disciplinary partnership		
	Names of partners		
	☐ Employee / Consultant / Corporate Solicitor		
	Name of employer		
	Address		
	ridicos		
	Telephone Fax		
	Mobile		
	Email		
	☐ Director or officer of incorporated legal practice		
	Name of corporation		
	☐ Director		
	ACN or ARBN		
	Registered office		
	TelephoneFax		
	Email		
	I will / will not accept trust moneys in WA		
	If yes, trust account in WA		
	Bank		
	Branch		
	Name of account		
	BSB no. account no.		

Statutory	I declare that —
declaration	<ul> <li>the information given in or with this application is true and correct and that I have not omitted any relevant information;</li> </ul>
	<ul> <li>the accompanying instrument from the registration authority in my home country is, or is a complete and accurate copy of, the original instrument;</li> </ul>
	<ul> <li>all documents accompanying this application that are not in English are accompanied by true and correct English translations; and</li> </ul>
	I consent to the making of inquiries of, and the exchange of information with, the registration authority in my home country regarding my activities in practising law in that country or otherwise regarding matters relevant
	to this application.
	Signature
	Date / /20
(Witness must be a	Witness
person authorised to	Signature
take statutory declarations)	Name
aeciaranons)	Address

## Form 20 — Accountant's certificate

Accour	ntant's certificate	Legal Practice Act 2003 s. 147 Legal Practice Board Rules 2004 r. 58 Form 20	
Legal	Name		
Practitioner	Firm		
	Address		
Accountant	Name		
	Firm		
	Address		
	Telephone Fax		
	Mobile		
	Email		
	I am —		
	☐ registered, or taken to be registered, as an auditor under Part 9.2 of the Corporations Act		
	□ approved for the purposes of the <i>Real Estate and Business</i> Agents Act 1978 s. 72(2)		
Previous	Given by (name and firm)		
certificate			
	Date / /20		
<b>Examination of</b>	,	/20 to / /20	
books of	The Legal Practitioner did / did not make available all		
accounts	documents and information necessary to enable me to give		
	this certificate.		
	If not, give details of what was not made available, the reasons		
	given and the effect of the non-availability on this certificate		

	I have examined the Legal Practitioner's accounting systems	
	and am of the opinion that they —	
	are / are not suitable to enable compliance with the Legal	
	Practice Board Rules 2004, Part 6	
	are / are not appropriate for the Legal Practitioner's	
	practice	
	If not, give details	
	I have examined the Legal Practitioner's books of account for	
	the period since the previous accountant's certificate was given and am of the opinion that the Legal Practitioner —	
	has / has not complied with the Legal Practice Board	
	Rules 2004, Part 6	
	If not — the non-compliance consisted of —	
	□trivial breaches due to clerical errors or mistakes all of which	
	were rectified on discovery	
	other breaches (give details)	
	Other breaches (give details)	
Examinations	I have conducted the following examinations to enable me to	
conducted	give this certificate:	
I certify that the ir	oformation given in this certificate is true and correct and that	
I honestly hold the opinions stated in it.		
•	· r	
Signature		
Date / //	20	