



# Law Society of Ireland

Blackhall Place, Dublin 7, tel 01 672 4800, fax 01 672 4895  
DX: 79 Dublin E-mail: general@lawsociety.ie Website : www.lawsociety.ie

## Regulation Department

*Application to the Law Society of Ireland ("the Society") for registration as a lawyer who wishes to pursue the professional activities of a solicitor in the State\**

### 1. Personal Details

Surname:	_____
First Names:	_____
Nationality:	_____
Current EU Passport Details	Date of Issue: _____
[Attach certified copy of relevant extract]	Place of Issue: _____
	Number: _____
Date of Birth:	_____
Place of Birth:	_____
Form of Address (e.g. Mr/Mrs/Miss/Ms/Dr/Prof):	_____
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address in Ireland:	_____ _____
Home address in home member state (if any):	_____ _____

### 2. Practising Details *(Please use a separate sheet to give details of additional addresses if you are associated with more than one practice)*

Home member state:	_____
Professional title in home member state:	_____
Name of practice (or organisation) in home member state:	_____ _____
Principal address of practice (or organisation) in home member state:	_____ _____ _____

Professional status *[Please tick as appropriate ✓]*:

Partner  Sole Principal

Consultant  Employed Lawyer

Other  *[Please give details]:* \_\_\_\_\_

Have you been admitted to practise as a lawyer in any other member state? Yes  No

If yes, list the other member state(s): \_\_\_\_\_

Proposed professional practice address (or organisation) in the State: \_\_\_\_\_

\_\_\_\_\_

Proposed professional status *[Please tick as appropriate ✓]*:

Partner  Sole Principal

Consultant  Employed Lawyer

Other  *[Please give details]:* \_\_\_\_\_

**3. Details relating to your home member state professional status**

*[If there is more than one professional governing body in your home member state regulating you in your capacity as a lawyer, please give the name and address of each. Use a continuation sheet if necessary]*

Name of professional governing body: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of admission: \_\_\_\_\_

(a) Have you completed your training as a lawyer in your home member state? Yes  No

(b) Is (are) there attached a certificate(s) of attestation from your home member state? Yes  No

(c) Is (are) there attached a certificate(s) of good standing issued by the governing body in each member state where you have been admitted as a lawyer that is (are) dated not earlier than 3 months before its (their) presentation to the Society? Yes  No

(d) Is (are) such certificate(s) not already in the English language accompanied by a duly certified official translation(s) into English? Yes  No

(e) Are you currently entitled to practise as a member of the legal profession(s) in your home member state and (if applicable) in any other member state in which you have been admitted as a lawyer? Yes  No

*[Note: This would include, for example, holding a current practising certificate if that is required for practice in the particular member state concerned. If you have answered NO, please give details on a separate sheet]*

(f) Are you entitled to prepare a formal document for obtaining title to administer the estate of a deceased person or for creating or transferring an interest in land?

Yes  No

**I, \_\_\_\_\_ (Full Name)**

**hereby certify that, to the best of my knowledge, information and belief, the information furnished by me in this questionnaire is true in all material respects.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.**

**Signed: \_\_\_\_\_**