



**STATEMENT OF STATUS
ORDER FORM AND TAX INVOICE**

Statements of Status are issued only for purposes connected with the practice of law

Full Name: _____

Address: _____

Phone number: _____ Fax number: _____

Date of Admission in NSW: _____

If not admitted in NSW, date and place of admission in other Australian jurisdictions:

Occupation: _____

Are you a current member of The New South Wales Bar Association? : **YES / NO**

A fee of \$55 (inc. GST) applies to non members; see over for payment options.

Reason for Statement:

Application to the Law Society of New South Wales for a practising certificate. Please note you are prohibited by the *Legal Profession Act 2004* from holding two local practising certificates at the same time (section 41(4)). You must therefore surrender your NSW barrister's practising certificate before being issued with a practising certificate by the Law Society.

Application for admission to another jurisdiction.

Please indicate State/Territory or Country: _____

Application for a practising certificate from another jurisdiction.

Please indicate State/Territory or Country: _____

Please note you are prohibited by the *Legal Profession Act 2004* from holding an interstate practising certificate at the same time you hold a NSW barrister's practising certificate (section 41(4)). You must therefore surrender your NSW barrister's practising certificate before being issued with a practising certificate from another Australian jurisdiction.

Other: *(Please specify)* _____

Addressee: *(Please specify the authority to whom the statement is to be addressed)*

I consent to the making of enquiries of, and the exchange of information with, regulatory authorities concerning matters relevant to the statement applied for.

Signed: _____ Date: _____

Please allow up to 3 days for processing of the statement.

PAYMENT FOR NON MEMBERS

Enclose \$55.00 for payment of the statement.

Cheques are to be made payable to The New South Wales Bar Association or complete the credit card details below.

Name: _____ (please print full name).
Please charge \$55.00.. to my <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card <input type="checkbox"/> Bankcard <input type="checkbox"/> Amex
Card Number: _____
Expiry Date: ____ / ____ Cardholder's Name: _____
Signature _____

For the purpose of GST, please retain a copy of this order for your records.

FOR OFFICE USE ONLY:

Date request received:

Date request completed:

Receipt #:

Amount enclosed:

Person notified of completion:

Member # :

Chq/Cash/Eftpos