



The New South Wales Bar Association

ABN 18 526 414 014

**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 that under the *Legal Profession Uniform Law* you cannot hold more than one Australian practising certificate at any time (section 45). 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: _____

Note that under the *Legal Profession Uniform Law* you cannot hold more than one Australian practising certificate at any time (section 45). 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 5 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 MasterCard Visa Card Bankcard 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

