

High Court Register of Practitioners — Application

Please attach copies of your Certificate of Admission and your current practising certificate or, if applicable, a letter from your employer advising the basis of your statutory right to practice without a practising certificate.

Personal Details

Family Name and Title: Miss/Ms/Mrs/Mr/Dr.....

Given Name(s):

Address (will be used to provide confirmation of your entry on the Register)

.....

.....

..... Post Code

Telephone Number:

Fax Number:

Email Address:

Admission Details

State or Territory of Admission:

Date of Admission:

Capacity in which Admitted:

Date of Signing the Bar Roll (if applicable):

Certificate required - Payment enclosed (\$125) Yes No

.....

(Signature)

Date

Please forward this application to one of the following Registries:

CANBERRA

PO Box 6309
KINGSTON ACT 2604

MELBOURNE

Level 17
Commonwealth
Law Courts Building
305 William Street
MELBOURNE VIC 3000

SYDNEY

Level 23
Law Courts Building
Queens Square
SYDNEY NSW 2000