



**THE LEGAL PROFESSION (PRACTISING CERTIFICATE) REGULATIONS 1998  
TURKS & CAICOS ISLANDS**

**APPLICATION FOR A PRACTISING CERTIFICATE**

*Note: The issue of a practicing certificate is automatic upon the filing of this application and the payment of the prescribed fee. The information required by this form is principally to facilitate compliance with the Legal Profession Ordinance, and to notify the Bar Council of any circumstances which may call for an application to the Chief Justice for the revocation of a practicing certificate or for the imposition of a condition or restriction on the right to practise, or for the removal or amendment of an existing condition or restriction.*

**Section 1** Please provide the following information:

1. Surname: \_\_\_\_\_
2. Forenames : \_\_\_\_\_
3. Former name/s : \_\_\_\_\_
4. Date of birth \_\_\_\_\_
5. Current residential address:  
\_\_\_\_\_
6. Home telephone: \_\_\_\_\_
7. Address for service in Turks & Caicos Islands: \_\_\_\_\_
8. Nationality: \_\_\_\_\_
9. Immigration status: \_\_\_\_\_  
*If not belonger, attach a copy of your work permit or permanent resident certificate*
10. Period of residence in Turks & Caicos Islands: \_\_\_\_\_  
*If not currently resident, give the dates of any past period of residence.*
11. Academic qualifications: \_\_\_\_\_
12. Place of first admission: \_\_\_\_\_
13. Year first admitted: \_\_\_\_\_
14. Year admitted in Turks & Caicos: \_\_\_\_\_
15. Employer's name: \_\_\_\_\_
16. Employer's address: \_\_\_\_\_
17. Employer's telephone no.: \_\_\_\_\_
18. Employer's telefax no.: \_\_\_\_\_
19. Employer's e-mail address: \_\_\_\_\_

20. Nature of employer's business: \_\_\_\_\_
21. Position Held: \_\_\_\_\_
22. Year of expiry of last practicing certificate: \_\_\_\_\_

**Section 2** Please answer all questions

1. In Turks & Caicos Islands or elsewhere, have you ever been found guilty of a criminal offence punishable by imprisonment or are you currently charged with a criminal offence? Yes/No
2. In Turks & Caicos Islands or elsewhere, have you ever been found guilty of contempt of Court or been the subject of disciplinary action by a Court or professional body? Yes/No
3. In Turks & Caicos Islands or elsewhere, have you ever been adjudged insolvent, or had any judgment enforced against you? Yes/No
4. Have you ever been treated for mental illness? Yes/No
5. Do you intend to be ordinarily resident outside Turks & Caicos Islands at any time during the next twelve months? Yes/No
6. If an employee, do you intend to commence practice on your own account within the next twelve months? Yes/No
7. Is your right to practise as an Attorney subject to any condition or restriction? Yes/No
8. If so, do you intend within the next twelve months to apply for the alteration or removal of any such condition or restriction? Yes/No
9. Are you in arrears in the payment of any fee or levy payable under or pursuant to any provision of the Legal Profession Ordinance 1997? Yes/No

If the answer to any of the above is "yes", attach full particulars to this form.

**DECLARATION:**

**I, \_\_\_\_\_ hereby declare that the particulars provided in this application and the documents accompanying it are accurate to best of my knowledge and belief, and I make this declaration knowing that if any such particular or document is false or misleading in any respect I am guilty of professional misconduct.**

**APPLICANT'S SIGNATURE: \_\_\_\_\_**

**Date:**

## Mission Statement

The functions of the Bar Council are:-

- to maintain the honour and independence of the Bar Association,
- to promote and encourage proper standards of practice and conduct amongst members of the Bar Association,
- to promote and encourage the development and dissemination of legal learning, education and training,
- to encourage the improvement of the administration of justice and procedure.