

Application by a Registered European Lawyer for Membership and Insurance

1. Name (Mr/Mrs/Miss/Ms)	<input type="text"/>			
2. Nationality	<input type="text"/>			
3. Professional Qualifications	<input type="text"/>			
4. When did you commence practise under your home professional title?	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		
5. Practice Address	<input type="text"/>			
6. Name of Head of Chambers	<input type="text"/>			
7. Date Practice as a Registered European Lawyer to commence	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		
8. Are you intending to practise from Chambers where there is no other practising barrister or Registered European Lawyer?	<table border="1"><tr><td><input type="checkbox"/> YES</td></tr><tr><td><input type="checkbox"/> NO</td></tr></table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> YES				
<input type="checkbox"/> NO				
9. What stage has your application for registration with the Bar Council as a Registered European Lawyer reached? Please provide a copy of all correspondence with the Bar Council in connection with your application.	<input type="text"/>			

BAR MUTUAL

- 10 If you have you earned any fees in England and Wales in the last calendar year from providing legal services under your home professional title please state the amount of fees earned and the nature of the work undertaken:

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- 11 Have you ever been the subject of a claim or claims? If you have, please provide full details.

YES

NO

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- 12 Are you aware of any circumstances which may give rise to a claim or claims against you? Have any claims been intimated against you? If so, please provide full details.

YES

NO

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- 13 Do you wish to apply for cover for practice as a Foreign Lawyer? If so, please complete the separate application form.

YES

NO

- 14 Level of Cover required (please tick)

£500,000 £1,000,000
£1,500,000 £2,000,000 £2,500,000

<p>When completed, please return to:</p> <p>Bar Mutual Indemnity Fund Ltd 90 Fenchurch Street London EC3M 4ST</p>	<p>I apply to become a Member, and agree to abide by the Rules, of the Bar Mutual Indemnity Fund Limited. I declare that the information contained in this form is correct to the best of my knowledge and belief.</p> <p>Signed:</p> <p>Dated:</p>
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