

GLC Form 1A

APPLICATION FOR SOLICITORS' LICENCE

LEGAL PROFESSION ACT, 1960 (ACT 32)

1. NAME.....

2. ADDRESS.....

.....

3. YEAR OF CALL/ ENROLMENT (S.2 of Act 32).....

4. YEAR OF PUPILAGE (S.8 (3) & (4) of Act 32).....

5. CHAMBERS WHERE PUPILAGE WAS UNDERTAKEN (S. 8(3) & (4) of Act 32 and L.I. 613,

R.4).....

.....

6. NAME OF SENIOR UNDER WHOM PUPILAGE WAS UNDERTAKEN (S. 8(3) & (4) of Act

32)

7. NAME AND ADDRESS OF PROFESSIONAL CHAMBERS OF WHICH YOU ARE A MEMBER (L.I. 613, R.4 (1))

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8. IF YOU ARE EMPLOYED BY AN ORGANISATION, NAME AND ADDRESS OF THE ORGANISATION (L.I.613, R.1(3))

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9. IF EMPLOYED BY AN ORGANISATION, HAVE YOU FILED WITH THE GENERAL LEGAL COUNCIL A COPY OF THE TERMS OF YOUR EMPLOYMENT (L.I. 613, R.1(3)) AND IF SO WHEN

10. IS YOUR NAME EXHIBITED AT THE CHAMBERS (L.I. 613, R.4(2)(a)).....

11. IS THE PROFESSIONAL CHAMBERS FROM WHICH YOU PRACTICE REGISTERED WITH THE GENERAL LEGAL COUNCIL (L.I. 613, R.4(4))...AND IF SO WHEN

12. HAVE YOU BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT EITHER IN GHANA OR IN ANY OTHER COUNTRY (S.8(5) of ACT 32))

***13. ARE YOU A MANAGING DIRECTOR OR EXECUTIVE CHAIRMAN IN ANY COMPANY OR AN ACTIVE PARTNER IN ANY BUSINESS (L.I. 613, R. 1(2)(a))**

***14. PLEASE NAME ANY OTHER PROFESSION OR BUSINESS THAT YOU CARRY ON APART FROM PRACTICING LAW**

***15. DOES ANY OF THE PROFESSION OR BUSINESS THAT YOU CARRY ON APART FROM PRACTICING LAW CONFLICTS OR INVOLVES A SERIOUS RISK OF CONFLICT WITH YOUR DUTIES AS A PRACTISING LAWYER (L.I. 613, R.1(2)(b))**

16. WHAT IS YOUR REGISTRATION NUMBER/S AS A MEMBER OF THE BAR IN GHANA AND/OR ANY
OTHER COUNTRY

***PLEASE NOTE THAT THE SUB-COMMITTEE MAY REFER YOUR RESPONSES TO
THESE QUESTIONS TO THE GENERAL LEGAL COUNCIL FOR ITS CONSIDERATION**

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION I HAVE PROVIDED HEREIN IS TRUE

SIGNATURE OF APPLICANT

*Signature and Name of Head/Master of
Chambers/Department*

DATE

THE CHAIR
GENERAL LEGAL COUNCIL
SOLICITORS LICENCE SUB-COMMITTEE OF THE GLC
% GHANA BAR ASSOCIATION SECRETARIAT
RIDGE, ACCRA

FOR OFFICIAL USE ONLY

VERIFICATION REMARKS:

Signature and Name

Dated