

GLC Form 2

REGISTRATION OF LAW CHAMBERS APPLICATION FORM

1. Name of Law Chambers:.....
2. Has it been registered under any of the following legislations [Act 151, 152 or 179]? Please state Registration No.
(Please attach a photocopy of Certificate of Registration)
3. VAT registration No.....
4. SSNIT registration No.....
5. Postal Address:.....
.....
.....
6. Street Name/House Number:.....
.....
.....
7. Telephone:.....

Fax:.....

E-Mail.....

8. Name(s) of Head(s) of Law Chambers and date(s) of Call (use a separate sheet if space is inadequate):

Name of Founder(s)	Date of Enrolment	University/Law School/Dates

9. Particulars of lawyers in the law chambers including juniors (use a separate sheet if the space is inadequate)

Name of Lawyer/Pupil	Date of Enrolment	University/Law School/Dates	Date of joining

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10. Number of Staff:.....
- How many are law clerks [sec 4(2)(b) of L.I. 613].....
- How many are Accounting Personnel.....
- a) Full Time.....
- b) Part Time.....

11. Areas of Interest/Specialisation:
-
-
-

12. What office equipment do you have?
-
-
-

FOR LEGAL DEPARTMENTS OF REGISTERED BUSINESSES

13. Name of Business.....
14. Registered Address.....
15. Location Address.....
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16. IRS Registration No.
17. SSNIT Registration No.
18. No. of Law Clerks.....

19. Particulars of lawyers in the Legal department including juniors (use a separate sheet if the space is inadequate).

Name of Lawyer/Pupil	Date of Enrolment	University/Law School/Dates	Date of joining

Signature and Name
of Head/Master of Chambers

Dated

REGISTRATION OF LAW CHAMBERS/OFFICES

NOTIFICATION OF CHANGE OF LAWYER(S) OR PARTICULARS OF CHAMBERS/OFFICE

Name of Law Chambers/Office:

Presented by

hereby notifies you that:

Here specify the nature and date of change, if change consists of the appointment of a lawyer fill in particulars below.

PARTICULARS OF NEW LAWYER(S)

Name of Lawyer/Pupil	Date of Enrolment	University/Law School/Dates	Date of joining

..... 20.....

Signature

GLC Form 4

RENEWAL OF LAW CHAMBERS/ LEGAL DEPARTMENT REGISTRATION FORM

1. Name of Chambers
/Legal Department:

2. Latest GLC Certificate N^o

3. Location Address:
Postal Address:
E-mail Address:

4. Particulars of lawyers in the law chambers including juniors (use a separate sheet if the space is inadequate)

Name of Lawyer/Pupil	Date of Enrolment	Date of Joining

Signature and Name
of Head/Master of Chambers/Department

Dated