



NEW SOUTH WALES  
BAR ASSOCIATION®

ABN 18 526 414 014

**STATEMENT OF STATUS  
ORDER FORM AND TAX INVOICE**

*Statements of Status are issued only for purposes connected with the practice of law*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Date of Admission in NSW: \_\_\_\_\_

If not admitted in NSW, date and place of admission in other Australian jurisdictions:

\_\_\_\_\_

Occupation: \_\_\_\_\_

Are you a current member of The New South Wales Bar Association? : **YES / NO**

A fee of \$55 (inc. GST) applies to non members; see over for payment options.

**Reason for Statement:**

☐ Application to the Law Society of New South Wales for a practising certificate. Please note that under the *Legal Profession Uniform Law* you cannot hold more than one Australian practising certificate at any time (section 45). You must therefore surrender your NSW barrister's practising certificate before being issued with a practising certificate by the Law Society.

☐ Application for admission to another jurisdiction.

Please indicate State/Territory or Country: \_\_\_\_\_

☐ Application for a practising certificate from another jurisdiction.

Please indicate State/Territory or Country: \_\_\_\_\_

Note that under the *Legal Profession Uniform Law* you cannot hold more than one Australian practising certificate at any time (section 45). You must therefore surrender your NSW barrister's practising certificate before being issued with a practising certificate from another Australian jurisdiction.

☐ Other: (Please specify) \_\_\_\_\_

**Addressee:** *(Please specify the authority to whom the statement is to be addressed)*

I consent to the making of enquiries of, and the exchange of information with, regulatory authorities concerning matters relevant to the statement applied for.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please allow up to 5 days for processing of the statement.**

**PAYMENT FOR NON MEMBERS**

Enclose \$55.00 for payment of the statement.

Cheques are to be made payable to The New South Wales Bar Association or complete the credit card details below.

Name: \_\_\_\_\_ (please print full name).

Please charge \$55.00.. to my ☐ MasterCard ☐ Visa Card ☐ Bankcard ☐ Amex

Card Number: \_ \_ \_ \_ \_

Expiry Date: \_\_\_\_ / \_\_\_\_ Cardholder's Name: \_\_\_\_\_

Signature \_\_\_\_\_

**For the purpose of GST, please retain a copy of this order for your records.**

**FOR OFFICE USE ONLY:**

Date request received:

Date request completed:

Receipt #:

Amount enclosed:

Person notified of completion:

Member # :

Chq/Cash/Eftpos

