



**FIJI LAW SOCIETY**

100 Gordon Street, Suva. P O Box 2389 Government Buildings, Suva. Telephone +679 3315 690 Facsimile +679 3314334 E-mail fls@connect.com.fj

**APPLICATION FORM FOR MEMBERSHIP / PRACTISING CERTIFICATE**

*(Delete as appropriate)*

*(S.14 LEGAL PRACTITIONERS ACT 1997)*

A. **Year:** .....

B. **Full name of Legal Practitioner:** .....

C. **(i) Residential Address** **(ii) Address for Service**

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Phone: .....

Mobile ..... (optional)

Next of kin ..... Relation ..... Emergency Contact .....

D. **Date of Admission:** ..... (compulsory)

E. **Date of Birth:** ..... Day ..... Month..... Year..... (compulsory)

F. **Are you a Fiji Citizen:** Yes/No. If No, please attach copy of your Work Permit.

G. **Please Specify the Category of your Employment**

Private  Govt. Dept  Statutory Body  Other

H. **Details of Description of (G) above:**

..... Ph : .....

..... Fax : .....

..... Email : .....

Please attach business card & letter head if any.

I. **City Agent for** (i) Suva:..... (ii) Lautoka: ..... (iii) Labasa: .....

J. **Position in Firm:**

Sole Owner  Partner  Employee  Other

K. **Any Branch office:** Yes/No

L. **If yes, where located:** ..... Ph: .....

M. **Supervised and controlled or attended by:** .....

N. **Residential Address of this person:**

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- O. Have you been convicted of any criminal offence (there is no need to disclose minor offences such as parking fines or minor traffic infringements etc.) before or since the date of your admission in Fiji or elsewhere? **Yes/No**
- P. Have you ever been refused admission or struck off the roll of barristers and/or solicitors and/or legal practitioners in Fiji or elsewhere? **Yes/No**
- Q. Have you ever been refused a practicing certificate suspended or cancelled in Fiji or elsewhere? **Yes/No**
- R. If your answer is **Yes** to any of the above questions (O, P & Q), please provide details on a separate sheet.

.....  
**Applicant's Signature**

.....  
**Date**

**STATUTORY DECLARATION [S. 42 (2)]**

I, \_\_\_\_\_ of \_\_\_\_\_, Legal Practitioner, hereby solemnly and sincerely declare that the information and particulars provided in support of this Application for Membership/ Practising Certificate are true and correct.

**AND** I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act.

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_ before me. }  
 .....  
 Witnessed By: .....  
 Commissioner for Oaths  
*(Please print name and affix stamp)* }

**NOTES:**

- (1) Fees Payable : Membership ..... \$100-00  
 Practising Certificate ..... \$300-00
- (2) All Members (who have not submitted their photos yet to the Secretariat), please attach a recent PP size photo, business card and letter head if any.
- (3) New Admittees must attach a certified copy of their Admission Certificate.
- (4) Continuing Legal Education (CLE) will be run by the Board of Legal Education.
- (5) All members need to have ten (10) compulsory Continuing Legal Education (CLE) points for the renewal of their Practising Certificates every year or obtain exemption individually from the Council.
- (6) Practitioners who have held a practicing certificate within 6 month period to making this application must produce evidence of having satisfied the mandatory Continuing Legal Education requirements of 10 hours. Section 7 of the Legal Practitioners Act 1997 is relevant.
- (7) Practitioners admitted to practise in Fiji after 14.08.1998 must provide evidence of having completed the Fiji Legal Practice and Procedure Course within 12 months of that person's admission. Section 5 (2) of the Legal Practitioners Act 1997 is relevant.
- (8) Holders of Work Permits must attach a copy to their application.
- (9) All Trustees of a Firm must submit their Trustees Report and Trust Account in the last week of November every year.

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**FOR OFFICIAL USE ONLY**

FLS RECEIPT NO: ..... DATE: ..... AMOUNT: ..... AUTHORISED OFFICER: .....