

# SUPREME COURT 277 MAIN STREET GIBRALTAR

Tel: (+350) 200 75608 (Registry) 200 78808 (Registrar) Fax: (+350) 200 77118

#### CIRCULAR TO ALL CHAMBERS

5 April 2015

Circ. 2 of 2016

### **Renewal of Practising Certificates**

Practitioners are reminded that the Solicitors' (Practising Certificates) Rules 2005 require every lawyer practising as a solicitor to renew their Practising Certificates on an annual basis. In order to do so, lawyers are required to return the renewal forms.

This year we have introduced new forms, copies of which are attached to this Circular. The forms can also be found on the Courts Service website: <a href="www.gcs.gov.gi">www.gcs.gov.gi</a>. (They will shortly be available in excel format on the website. This will allow users to fill in the forms on a PC before printing them out.)

Some practitioners have already filed applications for the renewal of certificates using the old forms. In those cases there will be no need to re-submit the applications although practitioners may be contacted individually for the provision of further information if necessary.

Current Practising Certificates expire on the 30 April 2016. If the Certificates are not renewed, you will not be entitled to practise as a solicitor, acting solicitor or registered European lawyer, as the case may be, beyond that date.

Liam Yeats Registrar



### **IN THE SUPREME COURT OF GIBRALTAR**

FORIVI TO BE SU	BMITTED BY FIRMS OF SOLICITO	RS OR SOLE PRACTITIONERS	
FOR THE YEAR E	NDING 30 APRIL:		
NAME OF FIRM:		TEL NO:	
PRACTICE ADDRESS:		FAX NO:	
OFFICE EMAIL:			
PRINCIPAL/MANAGING PARTNER'S NAME:			
FIRM'S PRACTICE MANAGER/CONTACT:			
PROFESSIONAL INDEMNIT	Y INSURANCE DETAILS		
PROFESSIONAL INDEMNIT	Y INSURANCE DETAILS	POLICY NO:	
	Y INSURANCE DETAILS	POLICY NO:  LIMIT OF COVER:	
NAME OF INSURER: PERIOD OF COVER:	Y INSURANCE DETAILS  Dicy must be provided with this form.)	LIMIT OF	
NAME OF INSURER:  PERIOD OF COVER:  (A copy of the Insurance pour common description of the Insurance pour common descr		LIMIT OF COVER:	
NAME OF INSURER:  PERIOD OF COVER:  (A copy of the Insurance pour common	policy must be provided with this form.)  nation provided in this form is correct. notify the Registrar of the Supreme Court if	LIMIT OF COVER:	



### IN THE SUPREME COURT OF GIBRALTAR

## APPLICATION FOR THE ISSUE OF A PRACTISING CERTIFICATE FOR THE YEAR ENDING 30 APRIL: NAME OF APPLICANT: FIRM: PRACTICE ADDRESS: SOLICITOR BARRISTER ACTING AS A SOLICITOR REGISTERED EUROPEAN LAWYER (please tick as appropriate) DATE ADMITTED OR **TELEPHONE NO:** REGISTERED IN GIBRALTAR: FAX NO: **EMAIL: DECLARATION:** 1. I declare that the information provided in this form is correct. 2. I agree to immediately notify the Registrar of the Supreme Court if my circumstances change. DATE: APPLICANT'S SIGNATURE: IF THE APPLICANT APPLIES AS A MEMBER OF A FIRM OF SOLICITORS OR A SET OF BARRISTERS' CHAMBERS WHICH ACT AS SOLICITORS, THIS **PART MUST ALSO BE COMPLETED** NAME OF PRINCIPAL OR MANAGING PARTNER: As Principal/Managing Partner, I confirm that the Applicant is a member of the Firm/Chambers as set out in this form. PRINCIPAL OR MANAGING PARTNER'S SIGNATURE: