TO BE COMPLETED AND RETURNED TO:

## PHOTOGRAPH

APPLICATION WILL BE DEEMED INCOMPLETE UNLESS ACCOMPANIED BY RECENT PASSPORT SIZE

PHOTOGRAPH

(TWO COPIES OF PHOTO)

The Bar Council

# No. 13, 15 & 17, Leboh Pasar Besar

50050 Kuala Lumpur

**PARTICULARS OF PETITIONER** *(Please attach extra sheets if necessary)*

*(\*required fields must be typed or printed legibly and signed)*

**PETITION NO\*:** Click here to enter text. **DATE PETITION FILED\*:** Click here to enter text.

**NAME\*:** Click here to enter text.

**NRIC\*:** Click here to enter text.

**HOUSE ADDRESS\*:** Click here to enter text.

**TEL\*:** Click here to enter text. **MOBILE\*:** Click here to enter text.

**PERMANENT ADDRESS\*:** Click here to enter text.

**TEL\*:** Click here to enter text. **MOBILE\*:** Click here to enter text.

**EMAIL\*:** Click here to enter text.

**DATE OF BIRTH\*:** Click here to enter text. **GENDER\*:** Click here to enter text.

**RACE\*:** Click here to enter text. **PLACE OF BIRTH:** Click here to enter text.

**CITIZENSHIP/PERMANENT RESIDENCE\*:** Click here to enter text.

**MARITAL STATUS\*:** Click here to enter text.

**SCHOOLING AND QUALIFICATION** *(with relevant dates)***\*:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Institution / School** | **Awarding Body** | **Year Awarded** |
| **Form 5 or equivalent** |  |  |  |
| **Form 6 or equivalent** |  |  |  |

**UNIVERSITIES AND QUALIFICATIONS** *(with relevant dates)***\*:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Award** | **Institution / University** | **Awarding Body** | **Year Awarded** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PROFESSIONAL QUALIFICATIONS** *(with relevant dates)***:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Qualification** | **Institution / Organisation** | **Awarding Body** | **Year Awarded** |
|  |  |  |  |
|  |  |  |  |

**EXTRA CURRICULAR ACTIVITIES *(in full)*:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type / Year** | **Institution / School** | **Name of Club / Society** | **Designation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**JOB HISTORY:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Designation** | **Date of Commencement** | **Date Left** |
|  |  |  |  |
|  |  |  |  |

I hereby declare that –

(a) the above particulars are correct;

(b) I am currently not employed or engaged in any part-time work contrary to the provisions of section 12(3) Legal Profession Act 1976;

(c) I have not at any time been declared a bankrupt contrary to section 11(1)(b)(ii) Legal Profession Act 1976;

(d) I have not been subject to any disciplinary proceedings contrary to section 11(1)(b)(iii) and (iv) Legal Profession Act 1976;

(e) I have not been convicted in Malaysia or elsewhere of a criminal offence which would render me unfit to be admitted as an Advocate & Solicitor of the High Court of Malaya contrary to section 11(1)(b)(i) Legal Profession Act 1976.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s Signature Petitioner’s Name Date

TO BE COMPLETED AND RETURNED TO:

THE BAR COUNCIL

# NO. 13, 15 & 17, LEBOH PASAR BESAR

50050 KUALA LUMPUR

**PARTICULARS OF MASTER (*To Be Completed By the Master*)**

*(\*required fields must be typed or printed legibly and signed)*

**MASTER (MR/MS)\*:** Click here to enter text.

**MASTER'S DATE OF ADMISSION TO MALAYSIAN BAR\*:** Click here to enter text.

**NUMBER OF YEARS MASTER HAS BEEN IN ACTIVE PRACTICE IN MALAYSIA\*:** Click here to enter text.

**MASTER'S SIJIL ANNUAL NUMBER\*:** Click here to enter text.

**MASTER'S OFFICE ADDRESS\*:** Click here to enter text.

**TEL\*:** Click here to enter text. **FAX\*:** Click here to enter text.

**EMAIL\*:** Click here to enter text. **MOBILE\*:** Click here to enter text.

**MASTER'S HOUSE ADDRESS\*:** Click here to enter text.

**TEL\***:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Click here to enter text.

**Declaration by Master**

I confirm that the above particulars are correct as to myself and, to the best of my knowledge, information and belief, correct about the Petitioner.

I confirm that the Petitioner is undergoing Pupillage under my supervision and control, and shall do so throughout the period of his/her pupillage.

I undertake to maintain my Practising Certificate at all times during the period when the Petitioner is undergoing Pupillage under my supervision and to renew the same as soon as it becomes due.

I further undertake to inform my Pupil and the Bar Council if at any time during the aforesaid Pupillage, I cease to have a valid Practising Certificate or cease practice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MASTER DATE