## APPLICATION BY ATTORNEY-AT-LAW FOR PRACTISING CERTIFICATE

FULL NAME:						
DATE OF BIRTI	н:					
PHYSICAL ADD	DRESS:					
EMAIL ADDRES	SS:					
NAME OF FIRM	I (IF ANY):					
POSITION IN F	IRM:					
ADDRESS OF F	IRM:					
TELEPHONE N	UMBERS:					
COUNTRY OF I	RESIDENCE:					
CIRCUIT OF CA	ALL:					
DATE OF CALL	<b>.:</b>					
To: Registrar of t	the Eastern Cari	bbean Supreme C	ourt			
T				4la a	chang mannad A44	o4
I aw boing ontitle	ad to prootice lay	in the Federation	of St. Kitts and N		above-named Atto pply pursuant to So	•
	-				ed and valid (subje	
said Act) until the			· prucusing cu tii	care to be issu	ca ana rana (subj	ici to the
Dated this	day of		,	20 .		