

GENERAL LEGAL COUNCIL - ATTORNEY DATA FORM

Title:	First & Middle Name(s):	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth: (dd/mm/yyyy)	Place of Birth: (City and Country)	TRN:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PROFESSIONAL INFORMATION

Attorney No.:	Date called to the Bar:	Practice Status	Employed by:	Employer:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter 2 Areas of specialty below. Data in **Other Areas of Specialty # 1 & # 2** will be accepted only if **Other** is selected in the first 2 boxes.

Area of Specialty # 1:	Area of Specialty # 2:	Other Area of Specialty # 1:	Other Area of Specialty # 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT DETAILS

Office Address

Address: (Apt, Suite #, Street Number & Name)

Town:	Postal/Zip Code:	Parish or State:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address

Address: (Apt, Suite #, Street Number & Name)

Town:	Postal/Zip Code:	Parish or State:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Phone:	Home Phone:	Cell Phone 1:	Cell Phone 2:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Email:	Alternate Email:
<input type="text"/>	<input type="text"/>

NEXT OF KIN DETAILS

Name:	Relationship:
<input type="text"/>	<input type="text"/>

Address: (Apt, Suite #, Street Number & Name)

Email:	Phones:
<input type="text"/>	<input type="text"/>

Date Completed: (dd/mm/yyyy)