

Application to be added to The Bar of Ireland Register of EU Registered Lawyers under the European Establishment Directive 98/5/EC

**Please send the form, with all supporting documentation and the application fee to:**

Member Services, The Bar of Ireland, Distillery Building, 145/151 Church Street, Dublin 7, Ireland.

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| 1. Personal Details |
| **Surname** |  |
| **Other Names** |  |
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| Title (e.g. Mr, Ms) |  |
| Home Address**Place of Business in Ireland****Intended Role in Ireland** |  |
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| **Telephone No. (Day)** |  |
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| **Telephone No. (Home)** |  |
| **E-mail Address** |  |
| **Fax No.** |  |
| **Nationality****Please provide certified copy of passport.** |  |
| **Professional Title in Home Member State****Current Role in Home Members Sate** |  |

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| 2. Details of Home Jurisdiction*Please give the name and address of the competent authority with which you are registered as a lawyer in your home jurisdiction. If more than one, please give the name and address for each.*  |
| **Name of Competent Authority 1** |  |
| **Address** |  |
|
| Date of Admission |  |
| Name of Competent Authority 2  |  |
| Address |  |
|
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|
| **Date of Admission** |  |
|
| **Telephone No. (Home)** |  |
| **E-mail Address** |  |
| **Fax No.** |  |
| **Nationality****Please provide certified copy of passport.** |  |
| **Professional Title in Home Member State** |  |

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| **3. Current Status** |
| **Are you currently entitled to practice as a member of the legal profession to which you belong?** |  |
| **Is the certificate of registration with the competent authority in your home jurisdiction and any other jurisdiction attached?**  |  |
| **Are you currently covered by professional indemnity insurance for practice in Ireland?** |  |
| *Please provide details of professional indemnity insurance, including conditions and extent of cover, on a separate sheet of paper.* |

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| **4. Previous Applications** |
| **Have you previously made an application for registration under the Establishment Directive:** |
| **To The Bar of Ireland?** |  |
| **To the Law Society of Ireland?** |  |
| **In another jurisdiction?** |  |
| *If yes is answered to any of these questions, please supply full details, including the outcome of the application, on a separate sheet of paper.* |

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| **5. Declaration** |
| **I declare that\*:****i) I have not on the ground of professional misconduct or the commission of any criminal offence been prohibited from practising in any jurisdiction in relation to which I am a qualified legal practitioner and I am not currently suspended from so practising;****ii) I am not aware of any other circumstances relevant to my fitness to practice under my Home-country Professional Title in Ireland;****iii) I am not currently registered with the Law Society of Ireland;** **iv) All information provided on this form is correct;****v) Any supporting evidence that I have supplied with this application that refers to third parties has been suitably redacted so as to preserve their anonymity;** **vi) I have disclosed in writing any circumstances affecting me which might reasonably be considered to be relevant to the question whether I should be registered as a European Lawyer;** **vii) I agree that while pursuing the professional activities of a barrister in Ireland, I shall at all times use my Home-Country Professional Title;****viii) I agree to abide by the rules of professional conduct and discipline of The Bar of Ireland during the period of registration and I also agree that the relevant authority in my home Member State and The Bar of Ireland can freely exchange all relevant information about my professional activities;** **(ix) I certify that I have obtained 10 CPD points and that I have retained the documents necessary to vouch for this as required by the Code of Conduct.****(x) I agree to notify The Bar of Ireland immediately if I am disbarred or suspended from practice in my Home Member State; and****(xi) I consent to my personal data being processed for the purpose of consideration of this application*****If you are unable to make any part of this declaration, please delete that part clearly and provide full details on a separate sheet.*****Do you consent to the processing of your personal data, including your photo? This information is required for security and for the purpose of processing this EU Reg Lawyer application, by the Bar Council and The Bar of Ireland staff. This data is retained for the duration of your registration.** **Yes**   **No**   |
| **Signature** |  |
| **Date** |  |

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| **6. Fees** |
| 1. **Application Fee €535 (obligatory)**
2. **Benevolent Fund Contribution €50 (optional)**
3. **Free Legal Aid Centres Contribution €15 (optional)**
4. **Community Law Centres Contribution €15 (optional)**

**Total enclosed Remittance €\_\_\_\_\_\_\_\_** |

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| **7. Payment Methods** |
| **Please tick chosen method as appropriate. If you are paying by Electronic Fund Transfer (EFT), this form must be returned with the required documentation as outlined in the checklist below, failure to return this form will result in the application being returned as incomplete.****Cheque/Draft Payable to The Bar of Ireland** **EFT Bank of Ireland, Smithfield, Dublin 7** **A/C Law Library No 1 A/C** **Swift Code BOFIIE2D** **IBAN IE76BOFI90325080512638** **Ref: Applicants Name****Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

CHECKLIST

**Please enclose with this form:**

1. **A certificate, not more than three months old, proving the applicant’s registration with the competent authority in the applicant’s home Member State as a lawyer qualified to practice under the applicant’s Home-country Professional Title (a certificate of good standing and a practicing certificate)**
2. **Evidence that the applicant holds professional indemnity insurance equivalent to the insurance required by The Bar of Ireland for members of the Law Library,** **where the standard minimum requirement cover is €1,500,000 (any one claim)**
3. **Evidence that the applicant has registered on the Roll of Practising Barristers administered by the Legal Services Regulatory Authority, see** [**www.lsra.ie**](http://www.lsra.ie)
4. **Certified translations of every certificate and other document on which the applicant relies which is not in the English language**
5. **Certified copy of your passport**
6. **Application Fee of EUR 535\***

**\*The Application fee is non-refundable.**

**Please note: Your application cannot be processed until you have provided all of the evidence in the required format; furthermore, it is your responsibility to ensure that this accompanies your application.**