

LAN WEEK 2004

香港中環畢打街十一號置地廣場告羅士打大廈二七〇七至八室

Administration Office: Rooms 2707-8, Gloucester Tower, The Landmark, 11 Pedder Street, Central, Hong Kong.
Tel: (852) 2526 5969 Fax: (852) 2868 1754

I volunteer to participate in the **LEGAL ADVICE SCHEME**.

Signature

| | SURNAME | OTHER NAMES (IN FULL) |
|-------------|--|---|
| Ar/Mrs/Miss | | |
| | Solicitor / Barrister | |
| | Firm's Name (Solicitor): | |
| | Address: | |
| | Office Telephone: | Fax No: |
| | Home Telephone: | Pager / Mobile Phone: |
| | Date of Admission/Call: | Pupillage commence on |
| | Do you require an interpreter? YES or No | |
| | Have you been participated in this Service be | |
| | | |
| | Signature | Date |
| | | |
| | | do not tear) |
| | (Please | do not tear) |
| | (Please | |
| | I am prepared to participate in the MAGIST | do not tear) |
| | I am prepared to participate in the MAGIST with effect from | do not tear) |
| Mr/Mrs/Miss | I am prepared to participate in the MAGIST with effect from | do not tear) |
| | I am prepared to participate in the MAGIST with effect from | do not tear) |
| | I am prepared to participate in the MAGIST with effect from | do not tear) |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): | do not tear) |
| | I am prepared to participate in the MAGIST with effect from | do not tear) |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): | do not tear) |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): | do not tear) |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): Address: | do not tear) RATES COURT DUTY ADVOCATE SCHEME OTHER NAMES (IN FULL) |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): Address: | RATES COURT DUTY ADVOCATE SCHEME OTHER NAMES (IN FULL) Fax No: |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): Address: Office Telephone: Home Telephone: | RATES COURT DUTY ADVOCATE SCHEME OTHER NAMES (IN FULL) Fax. No: Pager / Mobile Phone: |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): Address: Office Telephone: Home Telephone: Date of Admission/Call: | Fax No: Pager / Mobile Phone: Pupillage commence on |
| | I am prepared to participate in the MAGIST with effect from SURNAME Solicitor / Barrister Firm's Name (Solicitor): Address: Office Telephone: Home Telephone: | Pager / Mobile Phone: Pupillage commence on |

Date