



**Certificate of good standing for
candidates to the list of counsel**

Bar Association / Administrative Authority	Representative person	Position	
Name of member / employee		Registration number	
Condition of the member / employee		Prior conditions, if applicable	
Complete address	Telephone	Fax	e-mail address
Date of entry / admission / swearing in	Interruptions, if any		
Disciplinary proceedings against member / employee			
I certify on my honour that the above information is true and correct to the best of my knowledge and belief and that I have verified its contents.			
Date	Signature	Seal	

This Certificate is not valid without the seal.