

FORM OF APPLICATION AGAINST AN ATTORNEY

To the Council constituted under the Legal Profession Act (CAP 250)

In the matter of _____ and _____ an attorney

In the matter of Legal Profession Act, _____ (CAP 250)

I, the undersigned _____ hereby make Application that _____ of Attorney, may be required to answer the allegations contained in the affidavit which accompanies this application.

I make this application on the ground that the matters of fact stated in the said affidavit constitute conduct unbecoming his profession on the part of the said _____ In his capacity of attorney.

In witness whereof I have hereunto set my hand this _____ day of _____, 20

Signature

Address

Profession, business or occupation

Telephone Contact /email address