



NOVA SCOTIA BARRISTERS' SOCIETY
EDUCATION & CREDENTIALS

APPLICATION FORM – CERTIFICATE OF STANDING

Forward completed applications to certstanding@nsbs.org or fax 902 429 4869

APPLICANT INFORMATION:

Full name:

Member #:

E-mail:

CERTIFICATE TO BE SENT TO:

Care of/attention:

E-mail (if applicable):

Company Name:

Company Address 1:

Company Address 2:

City:

Province:

Postal Code:

*Note that you will receive confirmation that your request has been processed. The Certificate of Standing will be forwarded directly to the address indicated above. **Applicants do not receive a copy of the Certificate of Standing.** If requesting a Certificate of Standing for another law society, documentation must be sent directly from the Nova Scotia Barristers' Society.

REASON FOR REQUEST:

PAYMENT INFORMATION (\$115 HST)		Required in less than 24 hours \$172.50	
PAYMENT BY CREDIT CARD		Visa	MasterCard
AmEx			
Name on card:			
Card #:		Expires (MM/YY):	
CVV # *3 digits on the back of VISA or MASTERCARD, 4 digits on the front of AMEX:			
PAYMENT BY CHEQUE (made payable to the "Nova Scotia Barristers' Society")			





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DIRECTION AND RELEASE

I _____ of _____,
Full name *City, Province*

hereby authorize the Nova Scotia Barristers' Society to provide to the _____ full
Recipient

information respecting my membership in the Nova Scotia Barristers' Society, including where applicable
information respecting complaints against my professional conduct, reports on my practice prepared for the Nova
Scotia Barristers' Society, and any disciplinary proceedings taken against me.

I hereby release the Nova Scotia Barristers' Society, its servants and agents from all liability arising out of the
furnishing of such information.

DATED this ____ day of _____, 20____

Witness Signature:

Applicant Signature:

Date:

Please allow 7-10 business days for processing. Completed Certificates of Standing will not be forwarded to the contact you have indicated until payment is received.