



NOVA SCOTIA BARRISTERS' SOCIETY
EDUCATION & CREDENTIALS

APPLICATION FORM – LETTER OF GOOD STANDING

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

APPLICANT INFORMATION:

Full name:

Member #:

E-mail:

LETTER 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 Letter of Good Standing will be forwarded directly to the address indicated above. **Applicants do not receive a copy of the Letter of Good Standing.**

REASON FOR REQUEST:

PAYMENT INFORMATION (<input type="checkbox"/> \$28.75 HST included <u>or</u> <input type="checkbox"/> required in less than 24 hours \$43.13)			
PAYMENT BY CREDIT CARD	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	AmEx <input type="checkbox"/>
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 _____
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 Letters of Good Standing will not be forwarded to the contact you have indicated until payment is received.