

# CONFIDENTIAL

To The Law Society of Hong Kong

LEGAL VISITS BY SOLICITORS' EMPLOYEES

Firm's name: \_\_\_\_\_

TO PERSONS IN CUSTODY

Trainee Solicitors need not apply.

- ATTACH:
- (A) PASSPORT SIZE PHOTO OF APPLICANT  
(with name and HKID Card No. marked on the reverse)
  - (B) COPY OF THE APPLICANT'S HKID CARD
  - (C) CHEQUE PAYABLE TO THE LAW SOCIETY OF HONG KONG
  - (D) AUTHORISATION SIGNED BY THE APPLICANT AND  
WITNESSED BY THE SUPERVISING PARTNER / SOLICITOR
  - (E) NOTIFICATION OF CHANGES TO A PRACTICE FORM  
if not already submitted (see rule 5(2) of Solicitors' Practice Rules)
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PART A : NEW APPLICATION \*FEE PAYABLE HK\$120.00  
(where applicant has not previously been authorised to carry out legal visits by any firm  
of solicitors)

## Applicant

Full name of applicant: \_\_\_\_\_

HKID Card No: \_\_\_\_\_

Job title: \_\_\_\_\_

\*No. of years of working experience in criminal litigation: \_\_\_\_\_

## Supervising Solicitor

Full name of supervising solicitor: \_\_\_\_\_  
(as on practising certificate)

No. of years of post-qualification experience in the litigation practice: \_\_\_\_\_

No. of authorised clerks under his supervision  
(including the clerk named in the application): \_\_\_\_\_

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\*The Consents Committee has resolved that in principle, an applicant with less than 1 year's working experience in criminal litigation will be not considered.

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PART B : APPLICATION DUE TO CHANGE OF EMPLOYER \*FEE PAYABLE HK\$120.00  
(where applicant has previously been authorised to carry out legal visits by any firm of solicitors)

## Applicant

Full name of applicant: \_\_\_\_\_

HKID Card No: \_\_\_\_\_

Job title: \_\_\_\_\_

Previous firm's name and dates of employment: \_\_\_\_\_

## Supervising Solicitor

Full name of supervising solicitor: \_\_\_\_\_  
(as on practising certificate)

No. of years of post-qualification experience in the litigation practice: \_\_\_\_\_

No. of authorised clerks under his supervision  
(including the clerk named in the application): \_\_\_\_\_

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PART C : APPLICATION ON CHANGE OF FIRM'S NAME \*FEE PAYABLE HK\$600.00

New firm's name: \_\_\_\_\_

Old firm's name: \_\_\_\_\_

Please attach a schedule indicating names and HKID Card No. of applicants.

### Personal Information Collection Statement

1. Your personal data collected using this form ("the data") will be used by the Law Society for the purposes of exercising its powers under the Legal Practitioners Ordinance and its subsidiary legislation (Chapter 159) and administering or enforcing the relevant provisions of the said Ordinance and its subsidiary legislation, and for any other legitimate purposes as may be required, authorized or permitted by law.
2. The data may be disclosed to relevant government departments and related organizations and to persons in the Law Society with responsibility for carrying out the purposes mentioned in paragraph 1 above.
3. You have a right to request access to and correction of the data. Any such request should be addressed to the Secretary General, the Law Society of Hong Kong, 3/F, Wing On House, 71 Des Voeux Road Central, Hong Kong.

# CONFIDENTIAL

## AUTHORISATION

I ..... hereby authorise the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to the Law Society of Hong Kong and my employer on whose behalf this application is submitted. I also agree to my fingerprint impressions being taken by the Police in connection with this application, if required for the purpose of verifying my criminal record. My personal particulars are as follows:-

Name .....

Date of Birth .....

HK Identity Card No. / Passport No. ....

Chinese Commercial Code Nos. .... / ..... / ..... / .....  
(as recorded on the applicant's  
HK Identity Card - where applicable)

Place of Birth .....

.....  
(Signature of applicant)  
date

Witnessed by .....  
(Signature of Supervising Partner / Solicitor)

.....  
(Name of Supervising Partner / Solicitor)

HKID Card No. ....

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Firm's name: \_\_\_\_\_

TO PERSONS IN CUSTODY

Name of Supervising  
Partner / Solicitor: \_\_\_\_\_

HKID Card No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising  
Partner / Solicitor

\_\_\_\_\_  
Date

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PART A: DELETION DUE TO TERMINATION OF EMPLOYMENT

\*NO FEE

If not already submitted, please attach a *Notification of Changes to a Practice Form* (see rule 5(2) of the Solicitors' Practice Rules)

Name of approved clerk: \_\_\_\_\_

HKID Card No.: \_\_\_\_\_

Job title : \_\_\_\_\_

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PART B : DELETION DUE TO OTHER REASON(S)

\*NO FEE

Name of approved clerk: \_\_\_\_\_

HKID Card No.: \_\_\_\_\_

Job title: \_\_\_\_\_

Reasons: \_\_\_\_\_

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