

# CERTIFICATE OF FITNESS APPLICATION



## OFFICE USE ONLY

| Date received | Date admitted NT | Date of last PC | Invoice number | Database updated             |
|---------------|------------------|-----------------|----------------|------------------------------|
|               |                  |                 |                | <input type="checkbox"/> YES |

**!** Only a written request signed by the practitioner will be accepted.

Practitioner's full name:

Previous maiden name:

Date of birth:  I am admitted to the Supreme Court NT:  YES  NO

Postal address:

Telephone number (h):  Mobile:

Email:

Please forward me a copy of the Certificate of Fitness:  YES  NO

Practitioner signature:  Date:

## Addressee details

Attention:

Admitting body:

Postal address:

## Payment details

Please find enclosed a cheque for the amount of \$132 inc GST made payable to **Law Society Northern Territory**; or

Please charge \$132 inc GST to my credit card:

Visa  MasterCard

Card no.:  -  -  -  Expiry date:  /  CCV\*:

\*The CCV is the 3-digit security code on the back of your credit card.

Cardholder name:

Cardholder signature:  Date: