



APPLICATION FORM FOR ADMISSION TO THE REGISTER OF LAWYERS HELD BY THE CZECH BAR ASSOCIATION	
Name, Surname, Title:	
Date of birth:	
Home address:	
E-mail:	
Phone:	
Mobile:	
Company Number Registration:	
Date of registration to ČAK (on the day of the oath at the earliest):	
I hereby request the admission to the register of lawyers held by the Czech Bar Association. I fulfil the conditions stipulated in the section 4 of the Statute No. 85/1996 Coll. on the Legal Profession.	
I am aware that after swearing an affidavit, I will be registered in the register of lawyers held by the Czech Bar Association and be authorised to provide legal services in the area of international law and the law of the country where I obtained the entitlement to provide legal services.	
I state that I am unaware of any obstacles which could prevent me from providing legal services in the territory of the Czech Republic under the Statute No. 85/1996 Coll. on the Legal Profession.	
Signature:	
Date:	