| APPLICATION FOR MEMBE   | Page 1 of 2                           |                |                     |      |
|---|---------------------------------------|----------------|---------------------|------|
| Please enclose a copy of the licence you has Council for Legal Practice (Tilsynsrådet for confirmation of membership and a Certific association in your home country.  Send the completed form with attachment Advokatforeningen PB 362 Sentrum 0102 Oslo | r advokatvirkson<br>cate of Good Star | nhet) and      |                     |      |
| Personal details  |                                       |                |                     |      |
| Last name   |                                       | First name(s)  |                     |      |
| Date of birth   |                                       | Male           | Female              |      |
| Mobile  | E-mail                                |                |                     |      |
| Information on place of work  |                                       |                |                     |      |
| Postal addr.  |                                       |                |                     |      |
| Postal code   | city / town                           |                |                     |      |
| Office addr.  | oity / town                           |                |                     |      |
| Telephone   | website                               |                |                     |      |
| Security and professional liability ins   | surance                               |                |                     |      |
| I would like security and professional liability Contact the Norwegian Bar Association for a  |                                       |                |                     |      |
| I do not require security and professional lia<br>as I have this in another insurance compan  |                                       | om the Norwegi | an Bar Association, |      |
| Other information   |                                       |                |                     |      |
| The year in which you obtained your master of   | year                                  |                |                     |      |
| The year you obtained your practising certificate / licence to practice law   |                                       |                |                     | year |
| Has your licence to practise law ever been sus  | ves no                                |                |                     |      |

## APPLICATION FOR MEMBERSHIP

Page 2 of 2

## The Norwegian Bar Association's management of personally identifiable information

In order to be able to administer your membership in the Norwegian Bar Association, the information in your application form will be registered in the member register. Information, such as your judicial district, billing information, honorary posts and course hours in connection with the Norwegian Bar Association's continuing training programme, will be registered. Information on leave of absence and illness will be registered when you apply for a reduction of membership fee or continuing training requirement.

In the event of any complaint to the Norwegian Bar Associa-tion's Disciplinary Council (Advokatforeningens disiplinær-utvalg), it is possible that personally identifiable information regarding you as the respondent, including sensitive personal data, may be processed.

The Norwegian Bar Association has a responsibility as controller. Personal information will be kept confidential and in accordance with the Personal Data Act.

The Norwegian Bar Association does not disclose personal information on members.

The names of members of the Norwegian Bar Association are publicly available on its website.

Exclusion of members is publicly available, cf. Article 13-3 of the by-laws. Disciplinary decisions are publicly available for five years; see the Guidelines on publication of decisions by the Norwegian Bar Association's Disciplinary Council and Disciplinary Committee (Disiplinærnemnden).

As a member, you have right of access and are entitled to require correction or removal of any information that might be incorrect, incomplete or lack a processing basis.

## Declaration of consent

I agree that the Norwegian Bar Association may process my personal information in connection with my membership, as stated above, and that it may inform about my enrolment, change of post or place of work, in the Association's magazine "Advokatbladet" and on its website.

I agree that my e-mail address may be used to send me information on member services provided by the Norwegian Bar Association or through business partners. The same applies to telephone inquiries. This consent may be revoked by contacting the Norwegian Bar Association at post@advokatforeningen.no.

I agree that the Norwegian Bar Association may receive statistical information on use of member services, such as insurance / banking services, etc.

I undertake to follow the Norwegian Bar Association's bylaws and comply with the resolutions adopted by the governing bodies of the Norwegian Bar Association pursuant to Article 3-3, final paragraph of the by-laws.

| City / town | Date |  |
|-------------|------|--|
| Signature   |      |  |
|             |      |  |
|             |      |  |